

# Customer-driven Quality Service Is Our Top Priority

Dear Customer:

Our goal is to provide you the efficient, friendly service you deserve. Please take a moment to tell us how our office served you.

If our office did not meet your expectations, we want to hear about it. Likewise, if you received excellent service, we want to hear that too so that we can commend our employees for a job well done.

Your comments and suggestions allow us to improve our level of service. Our top priority is you, the customer. We want to make sure you are pleased with the service you receive.

Sincerely,

*Michael S. Schwartz*  
Chairman

*Walter A. Barrows*  
Labor Member

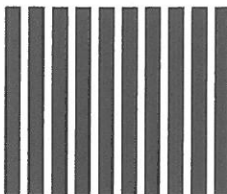
*Steven J. Anthony*  
Management Member

DIRECTOR OF PROGRAMS  
US RAILROAD RETIREMENT BOARD  
844 N RUSH ST  
CHICAGO IL 60611-9835



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Working To  
Strengthen  
America's  
Commitment To  
Quality

## Customer Assessment Survey



UNITED STATES OF AMERICA  
RAILROAD RETIREMENT BOARD

Visit our Web site at <http://www.rrb.gov>

Your opinions are very important to us. By completing this customer assessment survey, we will be better able to evaluate and improve our level of service.

City: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Please rate the following items by placing a check mark on the line that best describes your experience.

**Upon entering the office, I was greeted:**

- \_\_\_\_\_ in a very friendly manner
- \_\_\_\_\_ in a moderately friendly manner
- \_\_\_\_\_ in an unfriendly manner
- \_\_\_\_\_ I was not greeted

**Overall, the employees were:**

- \_\_\_\_\_ very professional
- \_\_\_\_\_ professional
- \_\_\_\_\_ unprofessional (specify)
- \_\_\_\_\_
- \_\_\_\_\_

**My visit lasted about:**

- \_\_\_\_\_ 15 minutes or less
- \_\_\_\_\_ 16 to 30 minutes
- \_\_\_\_\_ 31 minutes to 1 hour
- \_\_\_\_\_ over 1 hour

**Did you have an appointment before visiting the office?**

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No

**The purpose of my visit was:**  
(check all that apply)

- \_\_\_\_\_ unemployment benefits or questions
- \_\_\_\_\_ sickness benefits or questions
- \_\_\_\_\_ placement services
- \_\_\_\_\_ railroad service/compensation records
- \_\_\_\_\_ pre-retirement information
- \_\_\_\_\_ retirement benefits application
- \_\_\_\_\_ survivor benefits application
- \_\_\_\_\_ Medicare application or questions
- \_\_\_\_\_ income tax information
- \_\_\_\_\_ other (specify) \_\_\_\_\_

**I received the information/service I was seeking.**

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No (specify)
- \_\_\_\_\_
- \_\_\_\_\_

**The overall quality of service was:**

- \_\_\_\_\_ outstanding
- \_\_\_\_\_ very good
- \_\_\_\_\_ average
- \_\_\_\_\_ poor
- \_\_\_\_\_ very poor

**Are there any additional comments you wish to share about your visit?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are there any suggestions on how we could improve our level of service?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OPTIONAL**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Simply fold, tape and drop in any mailbox. This survey has been postage paid for your convenience.

**Paperwork Reduction Act and Privacy Act Notices**

The Railroad Retirement Board (RRB) is authorized to collect the information requested on this form under Section 7b(6) of the Railroad Retirement Act (RRA) and Section 5(b) of the Railroad Unemployment Insurance Act (RUIA). The information is needed so that the RRB can determine your opinion as to the quality of its service to you with respect to your application or claim for RRA/RUIA benefits and general inquiries you may have made with the RRB. Although you are not required to provide the requested information, your cooperation in doing so will assist the RRB in its continuing efforts to provide the public with timely and high quality service.

We estimate this form takes an average of 2 minutes per response to complete, including the time required for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our time estimate for this form, including suggestions for reducing completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092.