

CLASSIFICATION:



# Homeland Security

## National Protection and Programs Directorate NPPD Customer Feedback Survey

Product Title:

**1. Please select the partner type that best describes your organization.**

**2. Overall, how satisfied are you with the usefulness of this product?**

- Very Satisfied**
 **Somewhat Satisfied**
 **Neither Satisfied Nor Dissatisfied**
 **Somewhat Dissatisfied**
 **Very Dissatisfied**

**3. How did you use this product in support of your mission?**

- Integrated into one of my own organization's information or analytic products
- Used contents to improve my own organization's security or resiliency efforts or plans  
If so, which efforts?
- Shared contents with government partners  
If so, which partners?
- Shared contents with private sector partners  
If so, which partners?
- Other (please specify)

**4. Please rank this product's relevance to your mission. (Please portion mark comments.)**

- Critical
- Very important
- Somewhat important
- Not important
- N/A

**5. Please rate your satisfaction with each of the following:**

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	N/A
Timeliness of product or support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance to your information needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6. How could this product or service be improved to increase its value to your mission? (Please portion mark comments.)**

To help us understand more about your organization so we can better tailor future products, please provide (OPTIONAL):

Name: <input type="text"/>	Position: <input type="text"/>
Organization: <input type="text"/>	State: <input type="text"/>
Contact Number: <input type="text"/>	Email: <input type="text"/>



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