

National Protection and Programs Directorate
Office of the Chief Information Officer
IT Operations and Services Division

Customer Satisfaction Survey

Welcome, and thank you for your willingness to provide feedback about your recent experience with the Information Technology (IT) Operations and Services Management (ITOSM) Division.

ITOSM is committed to providing high-quality support and service to our customers and end users. Your responses to the survey questions below will help us determine how well we are meeting this goal and identify areas in which we can improve.

Your responses to this survey are **completely anonymous**. If you wish to remain anonymous, please **do not include any personally identifiable information (PII)** about yourself.

NOTE: For the purposes of this survey, please base your responses solely on your experience with ITOSM -- not DHS-HQ, IT Support, or an End-User Technician.

DISCLAIMER:

Privacy Act Statement

Authority: 5 U.S.C. § 1104, § 3321, § 4305, and § 5404 and Executive Order 12107 authorize the collection of this information.

Purpose: The primary purpose of this collection is to obtain information regarding customer satisfaction with National Protection and Programs Directorate (NPPD) services.

Routine Uses: The information collected may be disclosed as generally permitted under 5 U.S.C. §552a(b) of the Privacy Act of 1974, as amended. This includes using the information as necessary and authorized by the routine uses published in OPM/GOVT-2 Employee Performance File System Records, June 19, 2006, 71 FR 35354.

Disclosure: Providing this information is voluntary. If you choose not to provide this information, then NPPD may not know what customer service improvements need to be made to the organization.


Paperwork Reduction Act Burden Statement: The public reporting burden to complete this information collection is estimated at 3 minute per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collected information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number and expiration date. Please send comments regarding this burden estimate or any other aspect of this survey to Steve Samuelian(steve.samuelian@hq.dhs.gov), Chief of ITOSM's Customer Advocacy Management Branch; or Samuel Vazquez (samuel.vazquez@hq.dhs.gov), Director, ITOSM.

OMB Control. No: 16700027


1. Date on which you first contacted ITOSM: 

Initial Contact Date


MM	DD	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Method of contact: 


- Email
- Telephone
- Face-to-Face
- Other (please specify)


3. Reason for contact: 

- IT Support Issue
- IT Project Issue
- Other (please specify)

4. Please briefly describe the issue. If you created a Remedy IT Support ticket for this issue, please include the ticket number. 

5. What is the name of the ITOSM staff member who assisted you? (If applicable) 

6. Approximately how long did it take for ITOSM personnel to respond? 

7. Please Rate Your Experience: 

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Responsiveness:

I received a response in a timely manner.

Professionalism:

The team member I contacted was professional, knowledgeable, and courteous.


Quality:

The service or information I received was clear, accurate, and reliable.

Overall Satisfaction:

The service or information I received fully resolved my question or issue.

Please provide any additional feedback related to your experience. If you wish to remain anonymous, please do not provide any personally identifiable information about yourself in your response.

8. Please provide any other general feedback or suggestions in the space below. Again, if you wish to remain anonymous, please do not provide any personally identifiable information about yourself in your response. 

Done

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