

## Customer Satisfaction Survey

This survey is voluntary. Your information will be used for statistical and program improvement purposes and be kept private to the extent permitted by law. You have been selected for this survey because you recently attained a FEMA housing inspection. The purpose of this survey is to measure the housing inspector's performance.

**Instructions:** To be filled out by a member of the household who was at home during the housing inspection. For the following questions, please check the box to respond to each question. Do not sign or put your name on the form. All responses are anonymous and confidential, and will be reported ONLY in aggregate form.

**1. Before the inspection, what level of service did you expect to receive from the FEMA inspector?**

Very good □					Not at all good □	I didn't know what to expect □
5	4	3	2	1		

**2. Compared to your expectation, what level of service do you feel you received?**

Better than expected □					Worse than expected □
5	4	3	2	1	

**3. Did the inspector come to your home at the scheduled time?**

Yes □	No □	Inspector came without an appointment □
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**4. How important was it for you to have a set time for your inspection?**

Very Important □					Not at all important □
5	4	3	2	1	

**5. How long was the inspector's visit?**

Less than 30 minutes □	30-45 minutes □	More than 45 minutes □
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**6. The length of the inspector's visit was:**

Too Long □	About Right □	Too Short □
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**7. Were you with the inspector during the inspection?**

Yes □	No □
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**8. Did the inspector explain why he/she was performing the inspection?**

Yes □	No □
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**9. How complete do you feel your inspection was?**

Very Complete □					Not at all Complete □
5	4	3	2	1	

**10. Did the inspector take time to listen to what you had to say?**

Yes □	No □	I didn't have anything to say □
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**Paperwork Reduction Act Notice:** Public reporting burden for this survey is estimated to be an average of 15 minutes per response. The burden includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing and submitting the form. Although voluntary, you are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Paperwork Reduction Act Project (1660-0102), Information Collections Management, Federal Emergency Management Agency, Department of Homeland Security, 500 C St. SW, Washington, DC 20472. **NOTE: Please do not send your completed form to the above address.**

