U.S. Department of Homeland Security FEDERAL EMERGENCY MANAGEMENT AGENCY Housing Inspection Services

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.

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1. Before the inspection, what level of service did y to receive from the FEMA inspector? Very Not at all I did good 0 0 1 1 5 4 3 2 1	you expect 6. The length of the inspector's visit was: idn't know what to expect Too Long About Right Too Short Image: Imag
2. Compared to your expectation, what level of ser feel you received?	vice do you 7. Were you with the inspector during the inspection?
expected exp	se than Yes No ected I I I I 1
3. Did the inspector come to your home a scheduled time?	t the 8. Did the inspector explain why he/she was performing the inspection?
Inspector came without an Yes No appointment II II II IIIIII	9. How complete do you feel your inspection was?
Very Important impo	Net et all
	10. Did the inspector take time to listen to what you had to say?
5. How long was the inspector's visit? Less than 30 30-45 More than 45 minutes minutes minutes I I I I I I	I didn't have Yes No anything to say IIIII
includes the time for reviewing instructions, searching e	l ourden for this survey is estimated to be an average of 15 minutes per response. The burden existing data sources, gathering and maintaining the needed data, and completing, reviewing not required to respond to this collection of information unless a valid OMB control number

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.**

- OMB Control Number 3067-0256 Expiration Date: August 31, 2004 the process, unanswered questions, or unmet expectations you may have had. Use a separate sheet of paper if necessary.
- **11.** How satisfied are you with the effort the inspector made to answer your questions?



12. Were there any questions that the inspector did not answer?

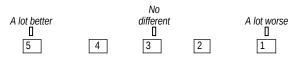


If yes, please tell us what they were under Question17.

13. At the end of the inspector's visit, how good was your understanding of what would happen after the inspection?



14. How did the inspector's visit make you feel?



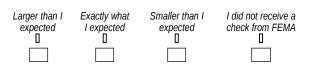
15. Overall, how satisfied are you with the FEMA inspection?

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Not at all satisfied

16. The check I received from FEMA was:



If smaller than expected, please explain.

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17. Please write additional comments about FEMA's inspection services, including ideas to improve FEMA Form 007-0-1,(9/14)

