



U.S. Department of State  
**OFM Customer Service Survey**

OMB No: 1405-0193  
 Expiration Date: xx/xx/xxxx  
 Estimated Burden: 3 minutes

You recently visited OFM via e-Gov, walk-in or by phone and we want to be sure you are satisfied with the outcome. We have a brief questionnaire about your visit to find out about your level of satisfaction and what we might do to improve. Please help us by completing this short survey. Your feedback will be used to improve our service. Your responses will remain anonymous, unless otherwise indicated by you below.

| Statement   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Not Applicable (N/A) |
|---|-------------------|----------|---------|-------|----------------|----------------------|
| The customer service representative was courteous and professional. | 1                 | 2        | 3       | 4     | 5              | N/A                  |

| Question   | Less Than 1 Hour | 1 Day | 2 Days | 3-5 Days | Greater Than 5 Days | Not Resolved |
|--|------------------|-------|--------|----------|---------------------|--------------|
| How long did it take to satisfy the request or resolve the issue reported? | 1                | 2     | 3      | 4        | 5                   | N/R          |

| Statement   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Not Applicable (N/A) |
|---|-------------------|----------|---------|-------|----------------|----------------------|
| I am satisfied with the time it took to resolve the request/issue reported.     | 1                 | 2        | 3       | 4     | 5              | N/A                  |
| I am satisfied with the representative's understanding of the issue I reported. | 1                 | 2        | 3       | 4     | 5              | N/A                  |
| I am satisfied with the overall service I received.                             | 1                 | 2        | 3       | 4     | 5              | N/A                  |

| Please note whether you may be Contacted.                          |     |    |
|--|-----|----|
| Would you like to be contacted regarding the service you received? | Yes | No |
| May we contact you regarding the service you received?             | Yes | No |

| Your contact information (optional) |
|-------------------------------------|
| <b>Name:</b>                        |
| <b>Email Address:</b>               |
| <b>Phone Number:</b>                |

| Comments or Suggestions.   |
|--|
| Please tell us one thing OFM could do to improve our service or provide any other comment you would like to share with us. |
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Thank you for taking this survey!



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**SV2012-0001**

*Public reporting burden for this collection of information is estimated to average 3 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: DS/OFM, 3507 International Place NW, Washington, DC 20008.*