



# National Appeals Division Customer Service Survey

Dear Customer:

How did we do?

The National Appeals Division (NAD) would like to ask you to share your opinions on how well we served you during your appeal of a U.S. Department of Agriculture (USDA) adverse decision. Your responses are most important to us because they allow us to reinforce what you believe we are doing well. Your responses also enable us to take a hard look at ourselves and tailor appropriate training that will better serve our customers in the future. We appreciate your confidence in us and hope that we met or exceeded your expectations regardless of the outcome of your appeal.

NAD is an independent office that reports directly to the Secretary of Agriculture. NAD is not part of the USDA's Farm Service Agency, Risk Management Agency, Natural Resources Conservation Service, or the three USDA Rural Development agencies.

Results of the survey will be carefully reviewed and then added to the combined results of all other similar NAD surveys. Your responses are strictly confidential and will not be shared with anyone. **This survey has been designed so that no one can identify who completed the survey.**

Thank you for taking the time to share your responses with us.

Sincerely yours,

JERRY L. JOBE  
Deputy Director  
Planning, Training and  
Quality Control



Please choose your level of agreement or disagreement with each of the statements below by checking one of five boxes located opposite each statement. For example, if you strongly agree with the statement, check the "Strongly Agree" box. If you strongly disagree with the statement, check the "Strongly Disagree" box.

Statement	Response
<b>1</b> The written determination was easy to read	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Disagree nor Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
<b>2</b> The Hearing Officer listened to my side of the dispute	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Disagree nor Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
<b>3</b> The Hearing Officer was courteous to me	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Disagree nor Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

Please check the appropriate box

How would you rate your overall experience

Excellent  
 Very Good  
 Good  
 Fair  
 Poor

COMMENTS

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Tear at perforation, remove and mail.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0503-0007. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for review instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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