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Homeland Security

National Protection and Programs Directorate
NPPD Customer Feedback Survey

1. Product Title: _____

2. Please rate your satisfaction with each of the following:

	Very Satisfied (5)	Somewhat Satisfied (4)	Neither Satisfied Nor Dissatisfied (3)	Somewhat Dissatisfied (2)	Very Dissatisfied (1)
Timeliness of product	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance of product	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How did you use this product in support of your mission?

- Yes No Integrated into one of my own organization's information or analytic products
If so, which products? _____
- Yes No Used contents to improve my own organization's security or resiliency efforts or plans
If so, which efforts? _____
- Yes No Shared contents with government, private sector, or other partners
If so, which partners? _____
- Yes No Other uses (please specify) _____

4. Do you have questions that this product didn't answer?

Yes No (Please specify) _____

5. How could this product be improved?

6. Would you like to see more on this topic?

Yes No (Please specify) _____

7. Are there other topics or questions you would like to see addressed by NPPD?

To help us understand more about your organization so we can better tailor future products, please provide (OPTIONAL):

Name: _____	Sector: <input type="text" value="Select One"/>
Organization: _____	Partner Type: <input type="text" value="Select One"/>
Contact Number: _____	State: <input type="text" value="Select One"/>

[Privacy Act Statement](#)

[Paperwork Reduction Act Compliance Statement](#)

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REV: 14 July 2018

Paperwork Reduction Act Compliance Statement:

The public reporting burden to complete this information collection is estimated at 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. The collection of information is voluntary. 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 OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHS/NPPD, PRA Branch, 245 Murray Lane, Mailstop 0380, Arlington, VA 20598-0380, ATTN: PRA [OMB Control No. 1670-0027].

Privacy Act Statement:

Authority: 5 U.S. C. § 301 and 44 U.S.C. § 3101 authorize the collection of this information.

Purpose: DHS will use this information to improve products and contact you regarding your response.

Routine Use: This information 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 DHS/ALL-002 - Department of Homeland Security (DHS) Mailing and Other Lists System of Records (November 25, 2008, 73 FR 71659).

Disclosure: Furnishing this information is voluntary; however failure to provide any of the information requested may prevent the National Protection and Programs Directorate (NPPD) from contacting you regarding your response.