

OMB Control Number: 1670-0027 OMB Expiration Date: 01/31/2021

## NPPD Administrative Support Division Customer Service Survey

The NPPD Administrative Support Division is committed to providing excellent customer service and finding opportunities for recognition or improvement. We value your feedback and suggestions. All responses are non-attributional and anonymous. To protect your privacy, do not include any personally identifiable information (PII) about yourself or any other individuals in any of the free text fields unless that information relates directly to and is necessary for understanding the program or activity referenced.

## **Privacy Act Statement**

**Authority:** 5 U.S.C. § 1104, § 3321, § 4305, and § 5404 and Executive Order 12107 authorize the collection of this information.

**Purpose:** The primary purpose of this collection is to obtain information regarding customer satisfaction with National Protection and Programs Directorate (NPPD) services.

**Routine Uses:** The information collected 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 OPM/GOVT-2 Employee Performance File System Records, June 19, 2006, 71 FR 35354.

Disclosure: Providing this information is voluntary. If you choose not to provide this information, then NPPD may not know what customer service improvements need to be made to the organization.

## Paperwork Reduction Act Burden Statement

The public reporting burden to complete this information collection is estimated at 1 minute 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. 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

	stions for reducing this burden to DHS/NPPD, Kenneth Campbell eth.campbell@hq.dhs.gov) ATTN: PRA [OMB Control Number 1670-0027].
	Control. No.: 1670-0027 ation Date: 01/31/2021
memb	at is the first and last name of the Administrative Support Division (ASD) tear er who assisted or provided you service? e ensure the name is spelled correctly.
	nere do you work?  OUS  CS&C  FPS  Other DHS Component  IP  Other Fed Gov.t Agency  ther  (please  specify)
	at ASD Branch did you contact? Facilities (proceed to question 5) Logistics (proceed to question 6)
	at was the topic of your Facilities interaction? Real Property Projects and Construction Projects and Construction FPS Operations and Maintenance (Building Management Services) Other (please specify)

6. What was the to Property M Fleet Mana Environmen Mail Service Transit Service Other (plea	anagement gement ntal Managem ces vice		raction?			
7. Please rate your	experience w	ith the ASD te	am member:			
	Poor	Fair	Good	Very Good	Excellent	
Communications (response was concise, professional, and courteous)	Ç	Ç	C	Ç	O	
Quality (information provided was accurate, clear, and reliable)	Ç	Ç	C	Ç	O	
Accountability (information was technically sound and in compliance with applicable rules, laws, and regulations)		Q	C	Q	Ç	
Responsiveness (response was timely based on service response standards)	Ç	Q	Q	Q	Q	
Flexibility (ASD	Q	Q	Q	Q	0	

	Poor	Fair	Good	Very Good	Excellent
member was					
proactive in					
seeking solutions					
and/or finding					
alternative					
answers/solutions					
,					
Please provide any	y additiona	l feedback or	comments		
					}
_					
What was your ov					
□ Poor	☐ Fair		Good	□ Very	☐ Excellent
				Good	
). Please provide	any additio	nal feedback	or comments	in the space provi	ided below. To
				ılly identifiable inf	
ourself in your re	esponse.				
6					
					1