



# Homeland Security

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

## NPPD Management Customer Service Survey

The NPPD Management Office 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.

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### 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 suggestions for reducing this burden to the DHS/NPPD BSSC Administrator (BSSC\_Admin@hq.dhs.gov) ATTN: PRA [OMB Control Number 1670-0027].

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1. What is the first and last name of the NPPD Management Office team member who assisted or provided you service?

Please ensure the name is spelled correctly.

3. Where do you work?

- OUS
- CS&C
- FPS
- IP

- OBIM
- OCIA
- Other DHS Component
- Other Fed Gov't Agency

Other

ther  
(please

specify)

4. How did you contact NPPD Management?

- Email
- Phone/Meeting

5. How well did the NPPD Management Office personnel understand your request or issue?

Rate 1 (very poor) to 10 (very well)

6. How well did the person address the issue?

- Complete solution
- Partial solution
- Did not resolve
- Other (please specify)

7. Please rate your experience with the NPPD Management Office:

	Poor	Fair	Good	Very Good	Excellent
Communications (response was concise, professional, and courteous)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality (information provided was accurate, clear, and reliable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accountability (information was technically sound and in compliance with applicable rules, laws, and regulations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsiveness (response was timely based on service response standards)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexibility (team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Poor Fair Good Very Good Excellent

member was proactive in seeking solutions and/or finding alternative answers/solutions )

Please provide any additional feedback or comments

8.

What was your overall satisfaction with the service or assistance you received?

Poor       Fair       Good       Very Good       Excellent

9. Please provide any additional feedback or comments in the space provided below. To maintain anonymity, please do not provide any personally identifiable information about yourself in your response.