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| **BUREAU OF WAREHOUSES SURVEY 2019** |
|  | OMB No. 0535-0261Approval Expires: 12/31/2020Project Code: 408 QID: SMetaKey:  |
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|  |  |  | **SURVEY_LOGO_1:USDA_logo_bw.gif** | **United States****Department of****Agriculture**  |
|  |  |  | **http://nassnet/miso/PRIME_Center/Communication_Guidelines/Official_Logos/NASS%20Graphic/nass_logo_bw.gif** | **NATIONAL****AGRICULTURAL****STATISTICS****SERVICE****Illinois Department of Agriculture** |
|  |  |  |  |  |  | **USDA/NASS - Illinois**Heartland Region PO Box 19281 Springfield, IL 62794-9281 Phone: 1-217-524-9606 FAX: 1-855-270-2717 Email: NASSRFOHLR@nass.usda.gov |
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| According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB number is 0535-0261. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Response to this survey is **voluntary**. |
| The purpose of this survey is to identify any areas in which the Illinois Department of Agriculture, Bureau of Warehouses can improve the quality of service they provide to you, our customer. The Bureau is committed to delivering exceptional customer service to the people of the State of Illinois. Your opinion is important and we will benefit greatly from your participation in this survey. |

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| **If you have dealt with more than one Bureau of the Department of Agriculture, you may receive more than one questionnaire. Please respond to each of the surveys.** |

What type of business are you in? *(Please check all that apply.)*

137

1 Agricultural Producer (a farmer) 3 Grain Warehouse

2 Grain Dealer 4 Agricultural Cooperative

How often do you contact the Illinois Department of Agriculture’s **Bureau of Warehouses**? *(Please check only one)*

138

1 None during the past 12 months 4 Three or more times a year

2 Once a week 5 Twice a year

3 Once a month 6 Once a year

3

Please indicate all the type of calls you have made to the Bureau: *(Please check all that apply)*

201

101

 Grain Dealer/Grain Warehouse License Agricultural Cooperative Registration Filings

 (New or Renewal) (New or Renewal)

202

102

 Grain Exam Agricultural Cooperative Certificate

 of Compliance

203

103

 Amendment to Grain License Agricultural Cooperative Filing Fees

 (Add new location or increase capacity)

204

104

 Assistance with a Grain Report or Form Assistance with a Agricultural Cooperative Report

 or Form

205

105

 Illinois Grain Insurance Fund Assessment Other Agricultural Cooperative Concerns

106

 Other Grain Concerns

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 (Please write in concern) (Please write in concern)

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 (Please write in concern) (Please write in concern)

Please describe the aspect of the Bureau that you are most pleased with:

Please describe the aspect of the Bureau that you would most like to see changed and how you would have it change:

Please use the following scales for rating the services you have received during the past 12 months.

|  |  |  |
| --- | --- | --- |
|  Satisfaction Rating |  |  Importance Rating |
|  1 - Strongly Disagree |  |  1 - Not Important |
|  2 - Disagree |  |  2 - Neutral |
|  3 - Neutral |  |  3 - Important |
|  4 - Agree |  |  4 - Very Important |
|  5 - Strongly Agree |  |  5 - Not Applicable |
|  6 - Not Applicable |  |  |

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| --- | --- | --- | --- | --- |
|   |  | SatisfactionRating |  | ImportanceRating |
| The staff responded to your request in a courteous manner.  | 110 |  | 123 |
|  |  |  |  |  |
| You found the answer to your question to be accurate and helpful.  | 111 |  | 124 |
|  |  |  |  |  |
| In response to your request the staff member thoroughly explained theaction to be taken, in a manner that was easily understood.  |  |  |  |
| 112 |  | 125 |
|  |  |  |  |  |
| If a staff member was unable to help you, that person made every effortto put you in touch with someone who could.  |  |  |  |
| 113 |  | 126 |
|  |  |  |  |  |
| The Bureau provides staff that is knowledgeable about the informationor service you requested.  |  |  |  |
| 114 |  | 127 |
|  |  |  |  |  |
| The staff was genuinely interested in helping you with your request.  | 115 |  | 128 |
|  |  |  |  |  |
| A response to your request was given in a timely manner.  | 116 |  | 129 |
|  |  |  |  |  |
| The Bureau treats all customers in a fair and equal manner.  | 117 |  | 130 |
|  |  |  |  |  |
| Examiners are efficient and complete the exam in a timely manner.  | 118 |  | 131 |
|  |  |  |  |  |
| Generally all the examiners are well trained and knowledgeable aboutThe processes to be completed during an exam.  |  |  |  |
| 119 |  | 132 |
|  |  |  |  |  |
| Examiners make every effort to be thorough, while disrupting businessas little as possible.  |  |  |  |
| 120 |  | 133 |
|  |  |  |  |  |
| The Bureau uniformly requires compliance with the Grain Code and/orthe Agricultural Cooperative Act.  |  |  |  |
| 121 |  | 134 |
|  |  |  |  |  |
| The Bureau provides up-to-date forms and information on the DepartmentOf Agriculture web site (http://www.agr.state.il.us/grain-warehouses/)  |  |  |  |
| 122 |  | 135 |
|  |  |  |  |  |
| Does the Grain Inventory Accountability Report (self inventory) provide adequate assurance that your physical inventory is reflective of total grain stocks?  |  |  |  |
| 136 |  | 139 |

If you are very dissatisfied with one of the above statements and you feel that it has a high level of importance, we invite you to comment on it:

Thank you in advance for taking the time to complete this survey. Please return it in the envelope enclosed or to:

 Illinois Department of Agriculture

 Bureau of Warehouses

 P.O. Box 19281

 Springfield, IL 62794-9281