US Environmental Protection Agency: Customer Experience Survey (for customer POC for new registration and/or registration review)

Screener guidelines:

Total number of completed surveys: *Need 100 responses*

Legend:
[Italics] = directions to surveyor; logic flow
[BOLD] = major survey logic flow

Contents

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Introduction

We are requesting your participation in a short, 10-15-minute survey.

The EPA Office of Pesticide Programs (OPP) is seeking to strengthen our relationship with you. We want to make sure your current needs are met and that we understand what your strategic needs are to provide more valuable, consistent, and timely support.

As a first step, we are asking for your input in identifying key challenges and expectations.

Click here [LINK] to start the survey. All responses are due by **[dd, mmm mm]** and all responses are anonymous.

Thank you very much for your participation. Without hearing from you, we can't move forward in addressing and solving for key pain points. Your answers will not be attributed to you in Forrester's summary. Forrester will analyze the survey results in aggregate to share with EPA.

If you have any questions, please feel free to reach out to NAME at name@epa.gov

Section 1: Work Demographics

[BASE: ALL]

DEM 1. Please select the option that most closely represents you:
1.   Association
2.   Company
3.   Consultant
4.   Other (Please specify)

DEM 2. Please indicate the size of the organization you represent:
1. Less than 100 employees
2. 100 – 500 employees
3. 501 – 1000 employees
4. Greater than 100 employees

DEM3. For which (or both) of the following do you interact with EPA Office of Pesticide Programs (OPP)?
1. Submitting a registration for a new chemical or product
2. Managing the registration review of an existing label or product

Section 2: OPP – Overall Experience

[BASE: ALL]

EXP1. In the past 12 months, how many times have you interacted (phone, email, in-person, etc.) with OPP?
1. 0-1
2. 2 – 5
3. 6 – 10
4. 11 – 20
5. 20 +

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[BASE: ALL]
EXP2. Thinking about your overall experience and interactions in the past 12 months with OPP, please indicate your level of satisfaction

1	2	3	4	5	6
Not satisfied at all					Very satisfied

[BASE: ALL]
EXP3. What are the 1-3 biggest pain points you frequently encounter when dealing with OPP? Please briefly describe:
[TEXT FIELD]
[TEXT FIELD]
[TEXT FIELD]

[BASE: ALL]
EXP4. Have you ever been asked to give feedback on your interaction with OPP? Y/N

[BASE: ALL]
EXP5. Based on your experience, how well do the following statements describe OPP?

[COLUMNS]

1	2	3	4	5	6
Does not describe OPP at all					Describes OPP very well

[ROWS – RANDOMIZE]

1	Acts as a collaborative partner who shares my goals
2	Easy to engage
3	Listens and responds to our needs and feedback
4	Responds in a timely manner
5	Helps us manage and anticipate change
6	Is an innovative organization
7	Provides a clear point-of-contact for our organization
8	Helps us improve our productivity
9	Is knowledgeable on the topic at hand
10	Design solutions with the end user in mind
11	Is a trusted advisor
12	Engages with the organization at a strategic level
13	Leverages technology to increase efficiently

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Section 3: OPP – Recent Interaction

[BASE: ALL]
INT1. Thinking about your most recent interaction submitting a registration or a registration review with OPP, how did the interaction <u>make you feel</u>?

1	2	3	4	5	6
Strongly Negative					Strongly Positive

Briefly describe the interaction: **[TEXT FIELD]**

Briefly describe the reason for the interaction: **[TEXT FIELD]**

[BASE: ALL]
INT2. You stated that your most recent registration interaction with OPP made you feel [(**IF OPP1=1/2/3**; negative) OR (**IF OPP=4/5/6**; positive)] in nature. Which terms best represent the specific emotion(s) you felt? (Select all that apply)

[NEGATIVE EMOTIONS – RANDOMIZE, SHOW IF OPP ≤ 3]
Angry
Annoyed
Disappointed
Disgusted
Frustrated
Neglected
Nervous
Sad
Upset
Unappreciated
Other (please describe) **[TEXT FIELD]**

[POSITIVE EMOTIONS – RANDOMIZE. SHOW IF OPP ≥ 4]
Appreciated
Confident
Content
Happy
Grateful
Pleased
Relieved
Respected
Surprised
Valued
Other (please describe) **[TEXT FIELD]**

[BASE: ALL]
 INT3. Please provide feedback on the following areas of your most recent interaction with OPP.

[COLUMNS]

1	2	3	4	5	6
Not satisfied at all					Very satisfied

ROWS – RANDOMIZE]

1	Timeliness of service
2	Transparency from OPP on the process (prior to beginning the process)
3	Transparency from OPP on the process (during the process)
4	Transparency from OPP on the outcome
5	Experience working with OPP
6	Customer service from OPP

Section 4: Communications

In this next section of questions, we would like to get your feedback on how OPP communicates.

[BASE: ALL]
COM1. Which communications do you receive that provide information about OPP or its services? (Select all that apply)

1. Speak to OPP employees
2. OPP Website
3. Brochures
4. Fact Sheets
5. Fliers/Posters
6. OPP Briefings
7. Email
8. Conferences and Webinars
9. Federal Register ListServ
10. Public Meeting Proceedings (found on website)
11. Other [open text box]

[BASE: ALL]
COM2: How helpful are each of these to you in finding out about OPP and its services

1	2	3	4	5	6
Not at all helpful					Very helpful

[PIPE IN COM1 OPTIONS SELECTED]

[BASE: ALL]
COM3: You indicated that some communication methods are more helpful than others. Please indicate which are:

PIPE IN COM1 WHERE COM2>=4] [RANDOMIZE]

1	Easier to understand
2	Obtain information faster
3	More relevant to me
4	Easier to access
5	Well timed

6	Right level of detail
7	Trusted source

COM4: What type of information would you like OPP to communicate more effectively with you? Please select all that apply.

[RANDOMIZE]

1	Current OPP Services
2	Progress on existing work
2	Policies
4	Who to contact for help and support
5	Where to find self-service help and how-tos
6	Progress of existing registration application or registration review process
7	Overview of all active registrations, and when they are up for review
8	Other (Please specify)

COM5: Please indicate your level of agreement with each of the following statements:

1	2	3	4	5	6
Disagree strongly					Agree strongly

1	It should be easier to get information from OPP
2	OPP should communicate more frequently
3	OPP should communicate via more methods – please specify specific methods, if any [OPEN TEXT]
4	OPP's communications should be more concise
5	OPP should solicit feedback more often

Section 5: Future State

For this last set of questions, we would like to ask about the role you would like OPP to play in the future.

[BASE: ALL]

FUT1. In the future, I would like OPP to become a:

Please rank in order of importance.

[RANDOMIZE]

1. Strategic Partner (Involving customers in longer-term planning or goal setting)
2. Trusted Advisor (Understanding my day to day needs and being proactive in helping me meet those challenges)
3. Innovator (Forward thinking on how OPP can be used to deliver more value)
4. Prefer not to use them at all [EXCLUSIVE]

FUT2. How do you want to feel when interacting with OPP in the future? Please select **two**.

[ROWS – RANDOMIZE]

1	Knowledgeable
2	Valued
3	Sense of shared success
4	Taken care of
5	Secure

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6	Relieved
7	Informed

[BASE: ALL]
FUT3. When thinking how OPP should improve, which of the following statements are important? *(Select up to 3 and rank in priority)*
[ROWS – RANDOMIZE] [MAX 3 AND RANK ORDER]

1	Helping us be more efficient
2	Acting as a collaborative partner who shares my goals
3	Making it easy to engage
4	Listening and responding to my needs and feedback
5	Responding in a timely manner
6	Helping me manage and anticipate change
7	Becoming a more innovative organization
8	Providing a clear point of contact for our organization
9	Helping me improve my productivity
10	Being knowledgeable on the topic at hand
11	Offering useful training on process and policy changes
12	Engaging with my organization at a strategic level
13	Leveraging technology to increase efficiently

[BASE: ALL]
FUT4. If you could tell the Deputy Director of OPP one thing that OPP could do differently that would have a meaningful impact for you or your organization, what would it be? **[OPTIONAL AND OPEN-END – 500 MAX CHARS]**

[BASE: ALL]
FUT5. What do you feel are the top 1-3 things OPP currently does best?
[1. OPTIONAL AND OPEN-END – MAX 200 CHARS]
[2. OPTIONAL AND OPEN-END – MAX 200 CHARS]
[3. OPTIONAL AND OPEN-END – MAX 200 CHARS]

FUT6. What do you feel are the top 1-3 things OPP could improve?
[1. OPTIONAL AND OPEN-END – MAX 200 CHARS]
[2. OPTIONAL AND OPEN-END – MAX 200 CHARS]
[3. OPTIONAL AND OPEN-END – MAX 200 CHARS]

FUT7. What opportunities exist for OPP to provide significant value to the future of your organization?
[OPTIONAL AND OPEN-END – MAX 500 CHARS]

Thank You

[For those who completed the survey]
Those are all the questions that we have for you. Thank you for your time!

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[OPEN-END WITH 'SUBMIT' BUTTON]

[For those who attempt to answer the survey after it has been closed]

Thank you for your interest! Unfortunately, the survey is now closed. We greatly appreciate your willingness to participate.

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