

U.S. Access Board ABA Customer Satisfaction Survey

Form Approved OMB 3014-0011 (Expiration Date: 1/31/2021)

The Access Board wants to know about your experience filing and resolving your recent complaint under the Architectural Barriers Act (ABA). Your responses will help us provide better customer service.

Thank you for taking the time to complete this survey. We appreciate your assistance!

Paperwork Reduction Act Notice:

The estimated time burden for this survey is 4 minutes. Federal agencies 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. Send comments regarding this burden estimate or any other aspect of this survey instrument to: PRA Clearance Officer, Office of General Counsel, US Access Board, 1331 F. St., NW, Suite 1000, Washington, DC, 20004.

1. The Access Board staff was helpful and courteous in responding to my concerns or questions.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. The Access Board staff kept me informed of the status of my complaint.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. The Access Board staff responded to my concerns or questions in a timely manner.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. The Access Board staff was knowledgeable about my complaint and related accessibility issues.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. I was satisfied with the efforts made to address the accessibility issues I raised in my complaint.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. The amount of time taken to address my complaint was reasonable.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. I was satisfied with the outcome or result I saw in the facility about which I filed a complaint.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Was the accessibility barrier about which you filed a complaint eventually removed or corrected?

- Yes
- No

9. Was this the first complaint you had filed with the Access Board?

- Yes
- No

10. How did you learn about the Access Board?

- Independent Living Center
- Internet
- Client Assistance Program
- Newspaper
- Referral by Another Agency
- Word of Mouth
- Other (please explain):

11. (Optional) Please provide your suggestions or comments on ways to improve our handling of ABA accessibility complaints:

12. (Optional) Please provide your ABA complaint number:

Done