

# OIT Customer Satisfaction Survey- Problem Ticket

**REQUIRED OMB INFORMATION:**

Indian Health Service (IHS) FY\_ Classroom Post Class Survey

Form Approved

OMB Form No. 0917-0036

Expiration Date:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

**\* 1. To follow up on your comments if necessary, please provide your name and ticket number.**

Name:

Ticket Number:

**\* 2. Has the service you requested been provided? If not, please contact the OIT Help Desk by phone (18888307280) or email (support@ihs.gov) so that your ticket can be reopened and escalated.**

Yes

No

**3. Please rate the overall quality of service that you received.**

	Service Not Provided	Poor	Satisfactory	Very Good	Excellent
Overall quality of service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4. Please rate the speed with the service you requested was provided.**

	Service Not Provided	Poor	Satisfactory	Very Good	Excellent
Speed of service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5. (Optional) Do you have any recommendations or comments?**