

Acceptance Facility Oversight Customer Service Survey

1. Survey SV-2019-0001

In order to improve the level of service to our customers, please take a few moments to complete this survey regarding your interactions with the Office of Acceptance Facility Oversight (AFO). ^W

* **1** Please provide your contact information, below. ^W

Name:

Email

Address:

* **2** Which AFO staff member provided you with service? If you do not know the name or are unable to recall, please enter "Unknown."

^W



* **3** Did the AFO Analyst properly identify themselves (show Department ID, introduce themselves and discuss their purpose for appearing)? ^w

Yes

No

* **4** Please rate your interactions with the AFO staff member: ^w

					Very	
	Excellent	Good	Fair	Poor	Poor	N/A
Courteousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punctuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of Inspection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

* **5** Please let us know about the length of time the inspection took: ^w



* **6** Please tell us the best part of the service you received from the AFO staff member, and any suggestions you might have to improve the service of the AFO staff member. W

* **7** Please rate the AFO written report received by your office: W

	Excellent	Good	Fair	Poor	Very Poor	N/A
Understandable/Clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulated Strengths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulated Weaknesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

* **8** Is there anything new that you have learned from the AFO visit/report? W

OMB Control Number: 1405-0193

Burden Estimate: 5 minutes

Expiration Date: 4-30-2021

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the

final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: Office of Acceptance Facility Oversight, Passport Services, 44132 Mercure Cir, PO BOX 1199, Sterling VA 20166-1199 ^W

Done

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