

Office of Human Resources Management Signature Line Survey

Thank you for contacting the Office of Human Resources Management (HRM) for your human resources needs.

HRM is committed to providing its customers with the best possible service. As a valued customer, we would like you to take a few minutes to answer this short survey about your recent experience. Your answers will help us better assess your needs and improve our customer service.

Thank you for your time and cooperation.

There are 9 questions in this survey

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[]What was the primary type of support you were seeking in your most recent contact with HRM?

Please choose **only one** of the following:

- Job Application
- Classification
- Employee Benefits (e.g., Retirement, Health, Life Insurance, Leave)
- Employee Relations
- Executive Services
- Hiring
- Information Systems
- Labor Relations
- Pay and Compensation
- Performance Management
- Occupational Safety and Health
- Organizational Design
- Resiliency Programs
- Staffing Policy
- Recruitment
- Survey or Assessment Design and Development
- Workforce Planning
- Other

[] Please specify the primary type of support you were seeking in your most recent contact with HRM.

Only answer this question if the following conditions are met:

Answer was 'Other' at question '1 [Q1]' (What was the primary type of support you were seeking in your most recent contact with HRM?)

Please write your answer here:

[] Did you receive the information or services you needed?

Please choose **only one** of the following:

- Yes
- No

[]

You indicated you received the information or services you needed. Please provide any comments or feedback regarding this experience.

**** This survey is anonymous and reviewed on a quarterly basis. No action will be taken. If you are seeking immediate assistance please contact HRMfeedback@cbp.dhs.gov***

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '3 [Q3]' (Did you receive the information or services you needed?)

Please write your answer here:

[]

You indicated you did not receive the information or services you needed. Please explain.

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Only answer this question if the following conditions are met:

Answer was 'No' at question '3 [Q3]' (Did you receive the information or services you needed?)

Please write your answer here:

[] Considering the HRM representative with whom you most recently interacted, how satisfied are you with each of the following factors:

Please choose the appropriate response for each item:

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
Courteousness of HRM personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsiveness of HRM in acting quickly on your requests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of HR products and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness in filling requests for HR products and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[] Based on your most recent contact with HRM, how satisfied are you with the overall delivery of HRM services?

Please choose **only one** of the following:

- Very Satisfied
 Satisfied
 Neither Satisfied nor Dissatisfied
 Dissatisfied
 Very Dissatisfied

[] Which of the following best describes you?

Please choose **only one** of the following:

- CBP Employee
 CBP Retiree
 Applicant
 Other

[] Thank you for completing this survey. We appreciate your input. The results of this survey are analyzed and reviewed by HRM on a quarterly basis.

Submit your survey.
Thank you for completing this survey.