

Customer Service Survey

Thank you for choosing to participate in this short survey. The survey's focus is the customer service that is provided by the National Firearms Act Division (NFA Division), the Firearms & Explosives Services Division (FESD), and their branches:

- Industry Processing Branch (NFA Division)
- Government Support Branch (NFA Division)
- Federal Firearms Licensing Center (FESD)
- Firearms and Explosives Imports Branch (FESD)
- Federal Explosives Licensing Center (FESD)

The survey consists of questions directly related to your experience when contacting NFA Division, FESD or one of its branches. The questions are in yes/no, multiple choice and fill-in-the-blank format. For each question, provide the answer that most closely represents your opinion related to the service that was provided to you. Your answers will help us to provide excellent customer service for both the firearms and explosives industry as well as the general public. You will also have the opportunity to offer general comments at the end of the survey.

Type of Customer

Are you: (Indicate ONE answer)

- Industry Member
- Local or State Police
- Federal Government (Agency) _____
- State or Local Government (Agency) _____
- Private Citizen
- Member of U.S. Military
- Other (Describe) _____

Contact Frequency

How many times in the past year have you contacted NFA Division, FESD or one of its branches?

- 1-2 times
- 3-4 times
- More than 4 times

Method of This Contact

In what way did you contact us most recently?

- Phone
- Letter
- Fax
- Email
- In Person (such as at a conference or show)

Servicing Office

Which servicing location did you contact most recently? If you have had contact with multiple branches, please complete a separate survey for each contact.

- Industry Processing Branch
- Government Support Branch
- Firearms and Explosives Imports Branch
- Federal Firearms Licensing Center
- Federal Explosives Licensing Center
- Division Staff Member
- I Don't Know

Date of Service

Please provide the date you contacted the above servicing location

Date _____

Service Rating

Using the below scale, please rate the person who most recently assisted you.

	Outstanding	Good	Fair	Poor	Unacceptable
Courteous					
Prompt					
Knowledgeable					
Professional					
Helpful					
Understood your problem					
Solved your problem					
Overall service provided					

Individual Who Provided Service

Please provide the name of the individual who most recently assisted you (if known). If you have had contact with multiple people, you may complete a separate survey for each contact.

Name _____

Voice Message

If you called and left a voice message, did you receive a call back?

- Yes
- No
- N/A

Response Time

Please provide the amount of time it took to get a call back:

- Within 1 hour
- Within 4 hours
- By the end of the business day
- By the next business day
- Within 2-3 days
- Within 1 week
- Longer than 1 week

Transfers

If you were transferred or referred to another individual or agency, were you given useful names and/or phone numbers?

- Yes
- No
- N/A

Supervisor/Management

If your problem or concern could not be resolved with an initial phone call and you sought elevated assistance, were they able to assist in resolution?

- Yes
- No
- N/A

Overall

Overall, how would you rate your most recent experience with our Division/Branch?

- Outstanding
- Good
- Fair
- Poor
- Unacceptable

OPTIONAL

To help us improve future customer service, may we contact you about your survey responses?

- Yes
- No

Contact Information

Please provide your contact information so that we may follow up regarding your responses:

Name _____
 Phone number _____
 Best time to call _____
 E-mail address _____

Comments

Please provide any comments on how we can improve the quality of service:

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collected is to capture data that permits the accurate assessment of program activities, and assists in increasing customer satisfaction.

The estimated average burden associated with this collection of information is 5 minutes per respondent, depending on individual circumstances. Comments concerning the accuracy of this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Privacy Act Statement

Authority: The collection of this information is authorized under 5 U.S.C. § 301, agency regulations and 28 U.S.C. 599A. The information may be disclosed as authorized by the routine uses published for the Privacy Act System of Records entitled, Justice-003 Correspondence Management Systems (CMS) for the Department of Justice, as published in the Federal Register: June 4, 2001 (Volume 66, Number 107) [Notices] pages 29992-4 and Justice/ATF-008 Regulatory Enforcement Record System, as published in the Federal Register: January 24, 2003 (Volume 68, Number 16) [Notices] pages 3558-3560. Providing the information is voluntary. Not answering some or all the questions will not affect you.

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