OMB Control Number: 3245-0398 Expiration Date: 1/31/2021



U.S. Small Business Administration

Operations Center Customer Satisfaction Survey

[Insert Center Name] Customer Satisfaction Survey

Thank you for participating in the [Insert Center Name] Customer Satisfaction Survey. Y participation in this survey is voluntary but your feedback is important to us. SBA will us feedback to improve center operations and your customer experience. Responses are a	se this
This survey is expected to take no more than 2 minutes to complete. You are not require to this survey unless it displays a currently valid OMB Control Number. You may send comments about this estimated time, or any other aspect of this survey to SBA/Director Management Division, 409 Third Street, SW, Washington DC 20416 and/or SBA Desk Of Management and Budget New Executive Office Building, Rm. 10202, Washington, DC 20	questions or Records ficer, Office of
Thank you!	

OMB Control Number: 3245-0398 Expiration Date: 1/31/2021



U.S. Small Business Administration

Operations Center Customer Satisfaction Survey

Please rate your le	vel of agreement with	h the following:			
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agr
am satisfied with the assistance I received rom the [Insert Center Name].					0
This interaction nucleased my confidence in the Insert Center Name].		\bigcirc		\circ	\circ
It was easy to get the assistance I needed.	\circ	0	\bigcirc	\circ	0
It took a reasonable amount of time to get the assistance I needed.		\circ	\bigcirc	\bigcirc	
The [Insert Center Name] employees I nteracted with were knowledgeable and fully addressed my question or issue.					
I am a(n) SBA Employee SBA 7(a) Lender or C Other (please specify	Certified Development Co	ompany (CDC)	SBA Borrower		

OMB Control Number: 3245-0398 Expiration Date: 1/31/2021