**TSA POLICY FEEDBACK SURVEY**

**INSTRUCTIONS:** Please complete survey questions and submit per directions below.

POLICY DOCUMENT REFERENCE:

# Stakeholder or Partner (Select one):

|  |  |  |
| --- | --- | --- |
| ☐ Industry: Air Cargo | ☐ Industry: General Aviation Manufacturers | ☐ DHS Component |
| ☐ Industry: Airport | ☐ Industry: Passenger Air | ☐ Federal Government  |
| ☐ Industry: Freight Rail | ☐ Industry: Pipeline | ☐ State, Local, Tribal, Territorial |
| ☐ Industry: Highway MC | ☐ Industry: Over-the-Road Bus | ☐ Law Enforcement |
| ☐ Industry: Mass Transit/Passenger Rail | ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **How satisfied or dissatisfied are you with the input you have in the development of TSA’s policies? (Select one)**

☐ Very Satisfied ☐Somewhat Satisfied

☐ Neither Satisfied nor Dissatisfied

☐ Somewhat Dissatisfied

☐ Very Dissatisfied

# How satisfied or dissatisfied are you with the following aspects of the policy or guidance development information that TSA has supplied? (select one)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Satisfied | Somewhat Satisfied | Neutral | Somewhat Dissatisfied | Very Dissatisfied |
| **Timeliness:** The degree to which you received or obtained the information within the time it was needed | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Relevance:** The degree to which the information was applicable to your organization | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Completeness:** The degree to which the information contained all the necessary details you needed | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Actionability:** The degree to which the information enabled you to make adjustments to your organization’s policies or procedures | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Delivery Mechanism:** The manner by which the information was received (for example, from your Industry Engagement Manager, website, email, briefing) | ☐ | ☐ | ☐ | ☐ | ☐ |

1. **Did you find this policy/guidance development information valuable (select one)?**

☐ Yes ☐ No

# If Yes, check the areas where it provided value (select one or more):

☐ Improved understanding of TSA’s policy or guidance development

☐ Integrated into my organization’s security awareness products, or shared information internally or with other partners

☐ Resulted in a change or validation of one or more security measures and/or policies

☐ Responded to a specific policy proposal

☐ Other. Please explain:

# If No, check the reasons the information was not valuable (select one or more):

☐ The information arrived too late

☐ The information does not apply to my organization

☐ The information is unclear

☐ The information contains errors

☐ The information lacked objectivity

☐ The information is too verbose

☐ Other. Please explain:

# Suggestions for improvement, issues, or general comments (if desired):

**Although not required**, providing the information below will help us improve our efforts to serve your organizations’ transportation security information needs.

|  |  |
| --- | --- |
| Name:  | Phone Number:  |
| Organization:  | Email Address:  |

# Provide Survey Responses to “placeholder email”@tsa.dhs.gov

**PAPERWORK REDUCTION ACT BURDEN STATEMENT:** TSA is collecting this information to identify ongoing improvement opportunities for information sharing of policies and guidelines. The public burden for collecting this information is estimated to be approximately 10 minutes. This is a voluntary collection of information. Send comments regarding this burden estimate or collection to: TSA-11, Attention: PRA 1652-0058, 601 South 12th Street, Arlington, VA 20598. An agency may not conduct or sponsor, and persons are not required to respond to a collection of information, unless it displays a valid OMB control number. The OMB control number assigned to this collection is 1652-0058, TSA Policy Feedback Survey, which expires 09/30/2022.