

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. Your participation in this survey is voluntary but your feedback is important to us. SBA will use this feedback to improve center operations and your customer experience. Responses are anonymous.

This survey is expected to take no more than 2 minutes to complete. You are not required to respond to this survey unless it displays a currently valid OMB Control Number. You may send questions or comments about this estimated time, or any other aspect of this survey to SBA/Director Records Management Division, 409 Third Street, SW, Washington DC 20416 and/or SBA Desk Officer, Office of Management and Budget New Executive Office Building, Rm. 10202, Washington, DC 20503.

Thank you!

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



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Operations Center Customer Satisfaction Survey

1. Please rate your level of agreement with the following:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am satisfied with the assistance I received from the [Insert Center Name].	\bigcirc	0	\bigcirc	\bigcirc	\bigcirc
This interaction increased my confidence in the [Insert Center Name].	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
It was easy to get the assistance I needed.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
It took a reasonable amount of time to get the assistance I needed.	•	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The [Insert Center Name] employees I interacted with were knowledgeable and fully addressed my question or issue.		0	\bigcirc	\bigcirc	\bigcirc
2. I am a(n)					
 SBA Employee SBA 7(a) Lender or Certified Development Company (CDC) Other (please specify) 					

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3. Please share any other comments about your experience.