



Homeland Security

NPPD Office of Human Capital

Customer Service Survey

The NPPD Office of Human Capital is committed to providing excellent customer service and finding opportunities for recognition or improvement. We value your feedback and suggestions.

All responses are non-attributable and anonymous. To protect your privacy, do not include any personally identifiable information (PII) about yourself or any other individuals in any of the free text fields unless that information relates directly to and is necessary for understanding the program or activity being referenced.

Authority: 5 CFR §9.2 and §293.104 authorize the collection of this information.

Purpose: The primary purpose of this collection is to obtain information regarding customer satisfaction with NPPD Office of Human Capital services.

Routine Uses: This information will be aggregated and only aggregate results will be used by and disclosed to the NPPD Office of Human Capital, Programs, Accountability, Systems Division, Human Capital managers and leadership, NPPD Director of Management and respective stakeholders to assist in finding opportunities for recognition or improvement.

Disclosure: Providing this information is voluntary. If you choose not to provide this information, then NPPD may not know what customer service improvements need to be made to the organization.

Paperwork Reduction Act Burden Statement: The public reporting burden to complete this information collection is estimated at 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the

completing and reviewing the collected information. 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 and expiration date. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHS/NPPD, Erik Hovda (erik.hovda@hq.dhs.gov) or Lisa Lee (lisa.lee@hq.dhs.gov) ATTN: PRA [OMB Control Number 1670-0027].

OMB Control No.: 1670-0027
Expiration Date: 10/31/2017

1. What is the first and last name of the Human Capital team member who assisted or provided you service?
Please ensure the name is spelled correctly.

2. Date service provided (MM/DD/YYYY format)

3. Where do you work?

- OUS IP Other DHS Component
 CS&C OBIM Other Fed Govt Agency
 FPS OCLIA

Other (please specify)

4. What was the topic of your Human Capital interaction? (select all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Accountability/Compliance | <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Administration/Processing | <input type="checkbox"/> Medical, Safety, Health | <input type="checkbox"/> Staffing |
| <input type="checkbox"/> Awards and Recognition | <input type="checkbox"/> New Employee Orientation | <input type="checkbox"/> Strategic Human Capital Planning |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Onboarding or Exit Process | <input type="checkbox"/> Student Programs |
| <input type="checkbox"/> Classification | <input type="checkbox"/> PALMS | <input type="checkbox"/> Table of Organization |
| <input type="checkbox"/> Detail or Rotation | <input type="checkbox"/> Pay and Compensation | <input type="checkbox"/> Timecard |
| <input type="checkbox"/> Employee Relations | <input type="checkbox"/> Payroll | <input type="checkbox"/> Training and Development |
| <input type="checkbox"/> Executive Services | <input type="checkbox"/> Performance Management | <input type="checkbox"/> Transit Benefits |
| <input type="checkbox"/> HR Data and Metrics | <input type="checkbox"/> Personnel Records/eOPF | <input type="checkbox"/> Work Life Programs |
| <input type="checkbox"/> HR Information Technology | <input type="checkbox"/> Policy, SOP, Guidance | <input type="checkbox"/> Workforce Analytics |
| <input type="checkbox"/> Knowledge Management | <input type="checkbox"/> Position Management | <input type="checkbox"/> Workforce Data and Reporting |
| <input type="checkbox"/> Labor Relations | <input type="checkbox"/> Recruitment | <input type="checkbox"/> Workforce Restructuring |

Other (please specify)

5. Please rate your experience with the Human Capital team member:

	Poor	Fair	Good	Very Good	Excellent
Communication (response was concise, professional, and courteous)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality (information provided was accurate, clear, and reliable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accountability (information was technically sound and in compliance with applicable rules, laws, regulations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsiveness (responses were timely based on service response standards)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexibility (proactively seeks solutions, finds alternative answers/solutions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional feedback or comments:

6. What is your overall satisfaction with the service you received?

Poor Fair Good Very Good Excellent

7. Please provide any additional feedback or comments in the space provided below. To maintain anonymity, please do not provide any personally identifiable information about yourself in your response.

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