

Homeland Security  
NPPD Office of Procurement  
Customer Service Survey

OMB Control Number: 1670-0027  
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**Paperwork Reduction Act**

The public reporting burden to complete this information collection is estimated at 3 minutes 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. The collection of information is voluntary. 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/PRA 245 Murray Lane SW, Mail Stop 5123, Washington, DC 20528., ATTN: PRA [OMB Control No. 1670-0027].

**Privacy Act Statement**

**Authority:** 5 U.S.C. § 1104, § 3321, § 4305, and § 5404 and Executive Order 12107 authorize the collection of this information.  
**Purpose:** The primary purpose of this collection is to obtain information regarding customer satisfaction with National Protection and Programs Directorate (NPPD) services.  
**Routine Uses:** The information collected may be disclosed as generally permitted under 5 U.S.C. §552a(b) of the Privacy Act of 1974, as amended. This includes using the information as necessary and authorized by the routine uses published in OPM/GOVT-2 Employee Performance File System Records, June 19, 2006, 71 FR 35354.  
**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.

The NPPD Office of Procurement is committed to providing excellent customer service and finding opportunities for recognition or improvement. We value your feedback and suggestions. All responses are non-attributional 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. If you have any questions, please contact Edwin Cordova by E-Mail at [Edwin.Cordova@hq.dhs.gov](mailto:Edwin.Cordova@hq.dhs.gov) .

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Authority: Pub L. 103-62 and OMB 10-32 authorize the collection of this information.

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1. What is the first and last name of the Procurement 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

CS&C

FPS

IP

OBIM

OCIA

Other DHS Component

Other Fed Govt Agency

Other (please specify)

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

Procurement Planning

SOW/SOO/PWS

Procurement Request

Contract Award

Post Award Conference

Invoice Processing

IPAC Processing

Contractor Evaluation/CPARS

Contract/IAA Surveillance

Contractor Monthly Meeting

Balance Workforce Assessments

Contract Closeout

COR Training

COR Certification

Enterprise Wide Services

COR File

Service Level Agreement

Procurement Cut Off Dates

Periodic meeting with Customer

Periodic Meeting with IAA Agency

Financial Transaction (7600 A & B)

Other Than Full and Open Competition (OTFOC) processing

Other (please specify)

5. Please rate your experience with the Procurement team member:

Poor                  Fair                  Good                  Very Good                  Excellent

Communication (response was concise, professional, and courteous)

Quality (information provided was accurate, clear, and reliable)

Accountability (information was technically sound and in compliance with applicable rules, laws, regulations)

Responsiveness (responses were timely based on service response standards)

Flexibility (proactively seeks solutions, finds alternative answers/solutions) Poor

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

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.