



**Homeland
Security**

OMB Control. No.: 1670-0027
Expiration Date: 01/31/2021

NPPD Customer Service Survey

The NPPD 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 referenced.

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.

Paperwork Reduction Act Burden Statement

The public reporting burden to complete this information collection is estimated at 3 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and 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/PRA (nppd-prac@hq.dhs.gov) ATTN: PRA [OMB Control Number 1670-0027].

1. What is the first and last name of the NPPD team member who assisted or provided you service?

Please ensure the name is spelled correctly.

2. Date of Service provided (MM/DD/YYYY format)

3. Where do you work?

- OUS
- CS&C
- FPS
- IP

- OBIM
- OCIA
- Other DHS Component
- Other Fed Gov.t Agency

Other (please specify)

4. How did you contact NPPD?

- Email
- Phone
- In person
- Meeting
- Other (please specify)

5. How well did the NPPD personnel understand your request or issue?

Poor Fair Good Very Good Excellent

6. How well did the person address the issue?

- Complete solution
- Partial solution
- Did not resolve
- Other (please specify)

7. Please rate your experience with the NPPD team member:

	Poor	Fair	Good	Very Good	Excellent
Communications (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, and regulations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsiveness (response was timely based on service response)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Poor	Fair	Good	Very Good	Excellent
standards)					
Flexibility (NPPD team member was proactive in seeking solutions and/or finding 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

8.
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What was your overall satisfaction with the service you received?

Poor
 Fair
 Good
 Very Good
 Excellent

9. 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.

