

## Customer-driven Quality Service Is Our Top Priority

Dear Customer:

Our goal is to provide you the efficient, friendly service you deserve. Please take a moment to tell us how our agency served you in your recent call.

If our agency did not meet your expectations, we want to hear about it. Likewise, if you received EXCELLENT customer service, we want to hear that too so that we can commend our employees for a job well done.

Your comments and suggestions allow us to improve our level of service. Our top priority is you, the customer. We want to make sure you are pleased with the service you receive.

Sincerely,

*Erhard R. Chorle*  
Chairman

*John Bragg*  
Labor Member

*Thomas R. Jayne*  
Management Member

# Working to Strengthen America's Commitment to Quality **Customer Experience Survey**



**UNITED STATES OF AMERICA  
RAILROAD RETIREMENT BOARD**

Visit our Web site at [www.rrb.gov](http://www.rrb.gov)

Your opinions are very important to us! Please complete this quick customer satisfaction survey so that we will be better able to evaluate and improve our level of customer service.

Date of your call: \_\_\_\_\_

Time of your call: \_\_\_\_\_

Please rate the following items by placing a check mark on the line that best describes your experience.

1. How would you rate your overall customer experience?  
 Very satisfied  
 Moderately satisfied  
 Neither satisfied or dissatisfied  
 Moderately dissatisfied  
 Very dissatisfied
2. How satisfied are you with how quickly your call was answered by a representative?  
 Very satisfied  
 Moderately satisfied  
 Neither satisfied or dissatisfied  
 Moderately dissatisfied  
 Very dissatisfied
3. Upon contacting the agency, your call was answered:  
 Within 10 minutes  
 Between 10 to 30 minutes  
 Over 30 minutes  
 My call was not answered or I abandoned the call.

4. How satisfied are you with your representative's knowledge and expertise in assisting you?  
 Very satisfied  
 Moderately satisfied  
 Neither satisfied or dissatisfied  
 Moderately dissatisfied  
 Very dissatisfied
5. How satisfied are you with the representative's level of courtesy and politeness?  
 Very satisfied  
 Moderately satisfied  
 Neither satisfied or dissatisfied  
 Moderately dissatisfied  
 Very dissatisfied
6. The purpose of your call was:  
 Unemployment benefits  
 Sickness benefits  
 Retirement benefits  
 Survivor benefits  
 Disability benefits  
 Medicare application  
 Other (specify) \_\_\_\_\_
7. Did you receive the information/service you were seeking?  
 Yes       No (specify)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are there any additional comments you wish to share about your contact with our agency?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Are there any suggestions on how we could improve our level of service?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OPTIONAL**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (      ) \_\_\_\_\_

Simply fold, tape and drop in any mailbox. This survey has been postage paid for your convenience.

**Paperwork Reduction Act and Privacy Act Notices**

The Railroad Retirement Board (RRB) is authorized to collect the information requested on this form under Section 7b(6) of the Railroad Retirement Act (RRA) and Section 5(b) of the Railroad Unemployment Insurance Act (RUIA). The information is needed so that the RRB can determine your opinion as to the quality of its service to you with respect to your application or claim for RRA/RUIA benefits and general inquires you may have made with the RRB. Although you are not required to provide the requested information, your cooperation in doing so will assist the RRB in its continuing efforts to provide the public with timely and high quality service.

We estimate this form takes an average of 2 minutes per response to complete, including the time required for reviewing the instructions, getting the needed data, and reviewing the completed form. **Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number.** If you wish, send comments regarding the accuracy of our time estimate for this form, including suggestions for reducing completion time, to **Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 855 North Rush Street, Chicago, IL 60611-1275.**