A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0690-0030. Without this approval, we could not conduct this survey. Public reporting for this information collection is estimated to be approximately 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the NOAA OCIO/CSD, Joi Adams, joi.n.adams@noaa.gov.

### CSD FY20 Customer Service Survey

Thank you for taking the time to provide valuable feedback to the Cyber Security Division (CSD) regarding our customer service. The information you provide will help us strengthen our customer engagement. In this past year please provide feedback to the Cyber Security Division (CSD) regarding our customer service.

#### Instructions:

- Section 1 Select the CSD team you are reviewing.
- Section 2 Indicate your level of agreement with each statement in Questions 1-4, as related to your

customer service experience with the selected team.

Section 3 - Provide any additional feedback (optional).

All responses are anonymous unless you choose to share your name.

We greatly appreciate your assistance in helping us to improve our customer service experience. Thank you for your time and consideration.

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## CSD FY20 Customer Service Survey

\* Required

#### Section 1

In this past year please provide feedback to the Cyber Security Division (CSD) regarding our customer service.

- 1. Please select the team within the Cyber Security Division (CSD) that you are reviewing: \*
- Program Management Office (CDR James J., Jennifer D., Lisa S. Manpreet D)
- Operations (Chi K., Rebecca H., Jeffery B., Daniel B., Dakota F.)
- Risk Management & Compliance (William R., Jean A., Gustavo L., Charley O., Gemma M.)

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## CSD FY20 Customer Service Survey

\* Required

### Section 2

Please indicate the extent to which you agree with the following statements as related to the customer service provided by the team you selected above.

If you selected Strongly Disagree" or "Disagree" for the relevant question in the text field, please provide feedback below. We would like to know how we did not meet your expectations. This will help us improve our services going forward.

1. My inquiries were addressed and resolved in a timely manner. *
O Strongly Agree
○ Agree
Neither Agree nor Disagree
O Disagree
Strongly Disagree
Please provide response to previous question if you responded with "Disagree"

Please provide response to previous question if you responded with "Disagree' or "Strongly "disagree." (Optional)

Your answer

2. The process for addressing and resolving my inquiries was straightforward and easy to understand. *
Strongly Agree
○ Agree
Neither Agree nor Disagree
O Disagree
O Strongly Disagree
Please provide response to previous question if you responded with "Disagree" or "Strongly "disagree." (Optional)
Your answer
3. The team member(s) I worked with were knowledgeable about the services/products. *
O Strongly Agree
O Agree
Neither Agree nor Disagree
O Disagree
Strongly Disagree

Please provide response to previous question if you responded with "Disagree" or "Strongly "disagree." (Optional)
Your answer
4. The services I received enhanced my progress towards my mission (i.e. Performance and Strategy, Enterprise Risk, etc.). *
Strongly Agree
○ Agree
Neither Agree nor Disagree
O Disagree
Strongly Disagree
Please provide response to previous question if you responded with "Disagree" or "Strongly "disagree." (Optional)  Your answer
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# CSD FY20 Customer Service Survey

Section 3 (Optional)
Please provide any additional feedback that CSD can use to be more effective in supporting your office's needs.
1. What can we do to improve your experience with us?
Your answer
2. Is there anything else you would like to tell us about your engagement?
Your answer
Please provide your name if you would like to self-identify.
Your answer
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