



HRSA

Health Center Program

Health Center Program Support (HCPS) Customer Service Survey

1: Tell us who you are:(required)

- Applicant
- Awardee/Grantee
- BPHC Staff
- LAL Designee
- Free Clinic
- Other

2: My question was answered/issue was resolved:(required)

- Yes
- Partially
- No

3: I would recommend or contact the Health Center Program Support Team again:(required)

- Yes
- No

4: Please rate the overall assistance provided by the Health Center Program Support (HCPS) Staff: Timeliness of response to inquiries:(required)

- Excellent
- Above Average
- Average
- Below Average
- Poor
- N/A

5: Please rate the overall assistance provided by the Health Center Program Support (HCPS) Staff: Proactive follow through on questions that required additional research:(required)

- Excellent
- Above Average
- Average
- Below Average
- Poor
- N/A

6: Please rate the overall assistance provided by the Health Center Program Support (HCPS) Staff: Knowledge of Health Center Program Support team:(required)

- Excellent
- Above Average
- Average
- Below Average
- Poor
- N/A

7: Please rate the overall assistance provided by the Health Center Program Support (HCPS) Staff: The explanations and instructions staff provided:(required)

- Excellent
- Above Average
- Average
- Below Average
- Poor
- N/A

8: Please rate the overall assistance provided by the Health Center Program Support (HCPS) Staff: Overall Experience:(required)

- Excellent
- Above Average
- Average
- Below Average
- Poor
- N/A

9: What changes can we make to improve your customer service experience?

Public Burden Statement: 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. The OMB control number for this project is 0915-xxxx. Public reporting burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.