



OAMP Customer Satisfaction Survey
OMB Control No. 0915-0212, Expiration Date XX/XX/202X

OAMP Customer Satisfaction Survey

Based upon your most recent experience with the Health Resources & Services Administration (HRSA), Office of Acquisition Management and Policy (OAMP) staff member, we ask that you please complete this brief survey to let us know how your experience was and areas where we can improve. OAMP is dedicated to providing quality customer service to our internal and external customers and your feedback will provide valuable input so we can exceed your expectations.

On a scale of 1-5 (1=Poor; 5=Excellent)

Please rate the following:

*** 1. What is your first name?**

*** 2. What is your last name?**

3. What is your phone number?

*** 4. How was the professionalism of the OAMP staff member?**

- Poor - The staff member failed to meet expectations and needs immediate improvement
- Fair - The staff member met some expectations but could use improvement
- Satisfactory - The staff member met expectations
- Very Good - The staff member exceeded expectations
-

Excellent - The staff member performed as a model of excellence surpassing expectations

*** 5. Was the OAMP staff member knowledgeable in the respective subject area?**

- Poor - The staff member failed to meet expectations and needs immediate improvement
- Fair - The staff member met some expectations but could use improvement
- Satisfactory - The staff member met expectations
- Very Good - The staff member exceeded expectations
- Excellent - The staff member performed as a model of excellence surpassing expectations

*** 6. Did the OAMP staff member respond within 24 hours?**

- Poor - The staff member failed to meet expectations and needs immediate improvement
- Fair - The staff member met some expectations but could use improvement
- Satisfactory - The staff member met expectations
- Very Good - The staff member exceeded expectations
- Excellent - The staff member performed as a model of excellence surpassing expectations

*** 7. Did the OAMP staff member provide consistent information?**

- Poor - The staff member failed to meet expectations and needs immediate improvement
- Fair - The staff member met some expectations but could use improvement
- Satisfactory - The staff member met expectations
- Very Good - The staff member exceeded expectations
- Excellent - The staff member performed as a model of excellence surpassing expectations

*** 8. Was the contract awarded timely in accordance with the acquisition milestone schedule (if applicable)?**

- Poor - The staff member failed to meet expectations and needs immediate improvement
- Fair - The staff member met some expectations but could use improvement
-

- Satisfactory - The staff member met expectations
- Very Good - The staff member exceeded expectations
- Excellent - The staff member performed as a model of excellence surpassing expectations
- N/A

*** 9. What is your overall satisfaction with your service experience with OAMP?**

- Poor - The staff member failed to meet expectations and needs immediate improvement
- Fair - The staff member met some expectations but could use improvement
- Satisfactory - The staff member met expectations
- Very Good - The staff member exceeded expectations
- Excellent - The staff member performed as a model of excellence surpassing expectations

*** 10. How well did the OAMP staff member meet your expectations?**

- Poor - The staff member failed to meet expectations and needs immediate improvement
- Fair - The staff member met some expectations but could use improvement
- Satisfactory - The staff member met expectations
- Very Good - The staff member exceeded expectations
- Excellent - The staff member performed as a model of excellence surpassing expectations

*** 11. How does this experience compare to your ideal experience?**

- Poor - The staff member failed to meet expectations and needs immediate improvement
- Fair - The staff member met some expectations but could use improvement
- Satisfactory - The staff member met expectations
- Very Good - The staff member exceeded expectations
- Excellent - The staff member performed as a model of excellence surpassing expectations

*** 12. Please specify which OAMP staff member assisted you.**

*** 13. Thinking about the service you have received, what changes can we make to improve your OAMP customer service experience?**

*** 14. If the OAMP staff member exceeded your expectations, or did not meet your service expectations, please elaborate regarding your experience.**

*** 15. Bureau/Office/Vendor/Other?**

(please specify)

Public Burden Statement:

The purpose of the feedback received from the survey will provide the HRSA, Office of Acquisition Management and Policy (OAMP) with areas in which to improve customer service and areas where OAMP is excelling. 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 information collection is 0915-0212 and it is valid until XX/XX/202X. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 0.25 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 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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Done

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