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Acceptance Facility Oversight Customer Service Survey

Default Section

In order to improve the level of service to our customers, please take a few moments to complete this survey regarding your interactions with the Office of Acceptance Facility Oversight (AFO).

* 1. Please provide your contact information, below.

Name:

Email Address:	

* 2. Which AFO staff member provided you with service? If you do not know the name or are unable to recall, please enter "Unknown."

* 3. Did the AFO Analyst properly identify themselves (show Department ID, introduce themselves and discuss their purpose for appearing)?

) Yes

) No

* 4. Please rate your interactions with the AFO staff member:

	Excellent	Good	Fair	Poor	Very Poor	N/A
Courteousness	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Professionalism	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Punctuality	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Knowledge	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Helpfulness	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Length of Inspection	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc



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5. Please let us know about the length of time the inspection took:

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* 6. Please tell us the best part of the service you received from the AFO staff member.

* 7. Please provide us with any suggestions you have to improve the service of the AFO staff member.

* 8. Please rate the AFO written report received by your office:

	Excellent	Good	Fair	Poor	Very Poor	N/A
Understandable/Clear	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Articulated Strenghts	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Articulated Weaknesses	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Helpfulness	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments:						

* 9. Is there anything new that you have learned from the AFO visit/report?

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