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Exit this survey

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
103

	No
)	No

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

Courteousness			
Professionalism			
Punctuality			
Knowledge			
Helpfulness			
Length of Inspection			

Good

Fair

Poor

Very Poor

Excellent



N/A

•	he length of time t			ook.		
6. Please tell us the best p	art of the service y	ou receiv	ved fro	m the Al	FO staff men	ıber.
	12					
^c 7. Please provide us with a	ny suggestions you	ı have to	impro	ve the se	ervice of the	AFO
taff member.						
C Place rete the AEO writ	tton roport ropoius	d by you	, office			
^c 8. Please rate the AFO writ	Excellent	Good	Fair	Poor	Very Poor	N/A
Understandable/Clear						
Articulated Strenghts						
Articulated Weaknesses						
Helpfulness						
Comments:						
9. Is there anything new th	at you have learne	d from tl	ne AFO	visit/re	port?	

