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**AGENCY DISCLOSURE NOTICE**

The Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR APPLICATION TO THE ABOVE ADDRESS. COMPLETED RESPONSES SHOULD BE SUBMITTED USING THE "SUBMIT" BUTTON AT THE BOTTOM OF THE SURVEY.**

**PRIVACY ACT STATEMENT**

Authorities: The Government Performance and Results Act of 1993 and Executive Order (EO) 12862, "Setting Customer Service Standards", dated September 11, 1993. Purpose: To determine the quality of services our customers expect, as well as their satisfaction with USACE's existing services. Information provided on this form will be used in evaluating the performance of the Corps Regulatory Program. Routine Uses: This information may be shared with the Office of Management and Budget, members of Congress, and other federal, state, and local government agencies. Disclosure: Providing requested information is voluntary. Failure to provide this information will not result in an adverse action. System of Record Notice (SORN). The information received is entered into our permit tracking database and a SORN has been completed (SORN #A1145b) and may be accessed at the following website: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570115/a1145b-ce.aspx

**CUSTOMER SERVICE SURVEY - REGULATORY PROGRAM, US ARMY CORPS OF ENGINEERS**

We at the U.S. Army Corps of Engineers Regulatory Branch are committed to improving service to our customers and would like to know how well we have been doing. Who are our customers? You are our customers if you submitted a permit application, requested a jurisdictional determination or wetland delineation, or scheduled a pre-application meeting with us. Other customers include those of you who receive our Public Notice and/or commented on a particular project or our work in general, because of your interest in the Regulatory Program. To identify how we can better serve you, we need your help. Please take the time to fill out this brief survey and submit it to us. Your honest opinions will help us determine areas in which we need to improve. Survey participation is voluntary. You can skip questions you choose not to answer, and you can stop participating at any time

**For each of the following items, please indicate your level of agreement (from strongly disagree to strongly agree) . If the item does not apply to you, please mark N/A.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree | Not Applicable |
| 1. I received a Corps decision in a reasonable amount of time.
 | 0 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The Corps kept me informed about the status of my application.
 | 0 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The reasons for recommended or required project changes or modifications to reduce impacts were clearly explained.
 | 0 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The Corps staff provided information that was clear and understandable.
 | 0 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The Corps representative acted professionally and treated me with courtesy.
 | 0 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The Corps responded to my letters and telephone calls in a reasonable amount of time.
 | 0 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The Corps representative provided clear information about the Regulatory Program.
 | 0 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. My visit/call to the office was pleasant.
 | 0 | 1 | 2 | 3 | 4 | 5 | NA |

1. What is your OVERALL satisfaction with the level of service provided by the Corps of Engineers Regulatory Program?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Very dissatisfied | Dissatisfied | Slightly Dissatisfied | Slightly Satisfied  | Satisfied | Very Satisfied |
|  |  |  |  |  |  |

|  |
| --- |
| 10. Additional Comments: (*Please do not include any personally identifiable information)*      |
| 11. How can we improve our service? (*Please do not include any personally identifiable information)*      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*NOTE: Data from this questionnaire will be used by the district to improve service. Also, Information will be tabulated nationally by service area. Respondents will not be identified by name or organization for any report derived from the survey.*

| **What Service(s) Did You Seek From the Corps? (if applicable, check more than one):** |  |
| --- | --- |
| **What Service(s) Did You Seek From the Corps? (if applicable, check more than one):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | General Information  |  | Jurisdictional/Wetland Determination  |
|  | Pre-application Consultation  |  | Resolution of Violation/Non-compliance  |
|  | Nationwide General Permit  |  | Regional or Programmatic Permit  |
|  | Standard Individual Permit  |  | Letter of Permission  |

|  |  |
| --- | --- |
| Other (describe): |  |

|  |  |
| --- | --- |
| **Which Corps office did you work with?** |  |
|  |  |

|  |
| --- |
| **Do you have any comments or suggestions on the Regulatory Program?**0 of 4000 |

**Please indicate the nature of your business (if applicable, check more than one):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Property Developer  |  | Flood/Water Control District  |  | Sand & Gravel  |
|  | Public Agency Applicant  |  | Consultant  |  | Law Office  |  | Public  |
|  | Federal/State/Local  |  | Mining  | Other |  |

 |

| **INFORMATION ABOUT YOU (optional)** |  |
| --- | --- |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **May we contact you?**  | **May we contact you?**

|  |  |
| --- | --- |
| YES | NO (If yes, please complete the section below) |

 |
| **Name/Title:** |  |
| **Address:** |  |
|  |  |
|  |  |
| **Telephone (include area code):** |  |

|  |
| --- |
|  |

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