



### Customer Satisfaction Survey Service Desk

Ticket Number	Date of Ticket	Short Description of Request
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please evaluate the following aspects of our service using the scale below. Press 'Submit Survey' to register your feedback. Thank you for helping us to review our performance and make improvements.

5 = Outstanding 4 = Above Average 3 = Meets Expectations  
2 = Below Average 1 = Requires Improvement

<b>Resolution</b> 5 4 3 2 1	How satisfied were you with the speed of resolution of your issue or the service you requested?
<b>Courtesy</b> 5 4 3 2 1	How satisfied were you with the level of courtesy and professionalism extended to you by the IT Support representative?
<b>Knowledge</b> 5 4 3 2 1	How satisfied were you with the IT Support representative's understanding of your issue or request?
<b>Response</b> 5 4 3 2 1	How satisfied were you with the overall speed of response by the IT Support representative?
<b>Overall</b> 5 4 3 2 1	How would you rate the overall quality of service provided by the IT Support representative in handling your request?

Provide any comments or feedback regarding the service provided to you by the IT Support representative.

**Submit Survey**

Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.