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Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRAStaff@fda.hhs.gov.

The survey we are conducting is on behalf of the U.S. Food and Drug Administration.

**CDRH Customer Service Survey**

**Document Type:** Form

**Date Effective:** 12/20/2019

**Point of Contact:** Reeves, Paris

Use [FEEDBACKCDRH](http://sharepoint.fda.gov/orgs/CDRH-QM/FeedbackCDRH)

to provide comments on this document (refer to Doc # 01034)

Excellent customer service is important to us. Thank you for providing feedback about the service you received. It should take less than three minutes to complete the survey. Your response is anonymous and will be used to improve CDRH Customer Service.

The CDRH customer service survey does not replace existing formal complaint mechanisms and is not intended to measure satisfaction with CDRH regulatory decisions. Your participation/nonparticipation is completely voluntary, and your responses will not influence your eligibility in receiving any FDA services.

# I am satisfied/dissatisfied with the customer service I recently received.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Strongly Agree** | **Agree** | **Somewhat Agree** | **Somewhat Disagree** | **Disagree** | **Strongly Agree** |
| ○ | ○ | ○ | ○ | ○ | ○ |

1. **During my most recent interaction, CDRH…**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Factors** | **Strongly Agree** | **Agree** | **Somewhat Agree** | **Somewhat Disagree** | **Disagree** | **Strongly Disagree** | **N/A** |
| Treated me with courtesy and respect | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Resolved differences honestly and respectfully | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Gave or accepted feedback with a positive and open- minded outlook | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Communicated clearly and concisely | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Provided a clear process to follow | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Actively listened and encouraged the exchange of perspectives and ideas | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Set reasonable expectations for follow-up | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Collaborated in a creative, proactive and flexible manner, proposing viable solutions to address the problem or question | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Provided initial response within 2 business days | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

1. **Please provide any additional information that would help us understand your overall satisfaction rating and improve our services.**
2. **Which Office(s) did you interact with at CDRH? (Question available when survey is accessed via web only)**
	* OCD – Office of the Center Director
	* OCE - Office of Communication and Education
	* OM - Office of Management
	* OP-Office of Policy
	* OPEQ - Office of Product Evaluation and Quality (formerly OC, ODE, OIR, and OSB)
	* OSEL - Office of Science and Engineering Laboratories
	* OST-Office of Strategic Partnership and Technology Innovation
	* I don't know

# Please help us understand who you are by checking the box that applies to you.

* + Patient/ Consumer/ Caregiver
	+ Health Care Provider/ Health Professional Organization
	+ Industry/ Industry Consultants/ Industry Trade Associations
	+ Academia
	+ Food and Drug Administration (FDA)
	+ Other Federal Agency
	+ Non-U.S. Regulator

# What FDA Center or Office are you part of?

* + Office of the Commissioner
	+ CBER
	+ CDER
	+ CDRH
	+ CFSAN
	+ CTP
	+ CVM
	+ ORA

# Which CDRH Office are you part of? (Question available when “CDRH” is selected for

**Q. 6)**

* + OPEQ – Office of Product Evaluation and Quality
	+ OCD – Office of the Center Director
	+ OST – Office of Strategic Partnership and Technology Innovation
	+ OP – Office of Policy
	+ OM – Office of Management
	+ OCE – Office of Communication and Education
	+ OSEL – Office of Science and Engineering Laboratories

# Your feedback is important to us. If you want to speak with CDRH about your feedback, contact the CDRH Quality Management and Organizational Excellence Program at CDRHCustomerService@fda.hhs.gov.

**SWIFT Document Change Control**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Description of Changes** | **Document Approver** | **Date Approved** | **Date Effective** |
| 3 | Updated Q.2 to reflect CDRH Guiding Principles. | Braier, Nancy C. | 11/7/2019 | 12/20/2019 |

The **Version** field for new documents (Version = 1.00) and major revisions (Version = 2.00, 3.00, etc.) display above as whole numbers (“1”, “2”, “3”, etc.).

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