HRSA
Health Resources & Services Administration

Health Center Program Support (HCPS) Customer Service

1: Tell us who you are(required)

- Applicant Awardee/Grantee
- BPHC Staff
- LAL Designee
- Free Clinic
- Other

2: My question was answered/issue was resolved(required)

- Yes
- Partially
- No

3: I would recommend or contact the Health Center Program Support Team again(required)

- Yes
- No

4: Please rate the overall assistance provided by the Health Center Program Support (HCPS) Staff: Timeliness of response to inquiries(required)

- Excellent
- Above Average
- Average
- Below Average
- Poor
- N/A

5: Please rate the overall assistance provided by the Health Center Program Support (HCPS) Staff: Proactive follow through on questions that required additional research(required)

- Excellent
- Above Average
- Average
- Below Average
- Poor
- N/A

6: Please rate the overall assistance provided by the Health Center Program Support (HCPS) Staff: Knowledge of Health Center Program Support team(required)

- Excellent
- Above Average
- Average
- Below Average
- Poor
- N/A

7: Please rate the overall assistance provided by the Health Center Program Support (HCPS) Staff: The explanations and instructions staff provided:(required)

- Excellent
- Above Average
- Average
- Below Average
- Poor
- N/A

8: Please rate the overall assistance provided by the Health Center Program Support (HCPS) Staff: Overall Experience(required)

- Excellent
- Above Average
- Average
- Below Average
- Poor
- N/A

9: What changes can we make to improve your customer service experience?(required)