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## U. S. ACCESS BOARD ABA CUSTOMER SATISFACTION SURVEY

The Access Board wants to know about your experience filing and resolving your recent complaint under the Architectural Barriers Act (ABA). Your responses will help us provide better customer service.

		<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree nor Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1.	The Access Board staff was helpful and courteous in responding to my concerns or questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	The Access Board staff kept me informed of the status of my complaint.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	The Access Board staff responded to my concerns or questions in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	The Access Board staff was knowledgeable about my complaint and related accessibility issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	I was satisfied with the efforts made to address the accessibility issues I raised in my complaint.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	The amount of time taken to address my complaint was reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	I was satisfied with the outcome or result I saw in the facility about which I filed a complaint.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Was the accessibility barrier about which you filed a complaint eventually removed or corrected?

Yes                       No

9. Was this the first complaint you had filed with the Access Board?

Yes                       No

10. How did you learn about the Access Board?

Independent Living Center     Client Assistance Program     Referral by Another Agency  
 Internet                               Newspaper                               Word of Mouth

Other (please explain):

11. (Optional) Please provide your suggestions or comments on ways to improve our handling of ABA accessibility complaints:

12. (Optional) Please provide your ABA complaint number: \_\_\_\_\_

*Thank you for taking the time to complete this survey. We appreciate your assistance!*