

The Business Systems organizations would like your feedback on your experience to better monitor customer satisfaction levels.

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-0031. Without this approval, we could not conduct this survey. Public reporting for this information collection is estimated to be approximately one (1) minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the National Institute of Standards and Technology, 100 Bureau Drive, Gaithersburg, MD, 20899-1630, Attn: Greg Eichelberger at greg.eichelberger@nist.gov.

OMB Control No. 0693-0031
 Expiration Date 6/30/2021

1. What is your Helpdesk ticket number? (Please enter the last 6 digits) 0


* 2. Please select the Representative who assisted you. 0


If Other, please specify representatives name.

3. How satisfied are you with: 0

| | Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The courtesy of the Analyst? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The technical skill/knowledge of the analyst? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The timeliness of the service provided? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The quality of the service provided? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The overall service experience? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Additional Feedback (optional):

4. If you were dissatisfied with your experience and would like a **Business Systems** manager to contact you, please provide your name and phone number. A manager will contact you in the next 3-5 business days.  0

 NEW QUESTION



or Copy and paste questions

Done