



## U.S. Customs and Border Protection

OMB No. 1651-0136, Expiration: 02/28/2021

# Reimbursable Services Program Stakeholder Feedback Introduction

U.S. Customs and Border Protection (CBP) appreciates your feedback on the Reimbursable Services Program. What you tell us about the program helps us to improve our partnership.

Your participation is voluntary.

Click the button below to start the survey. Thank you for your participation!

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Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0136. This collection is voluntary. The estimated average time to complete this application is 10 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 90 K Street, NE, Washington DC 20229.



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### Reimbursable Services Program Stakeholder Feedback Program Utilization:

1. As a stakeholder, what is the average frequency that you use the Reimbursable Services Program (RSP)?

☐

Daily

☐

Every other Month

☐

Weekly

☐

Less than five times

☐

Monthly

☐

Never

If Never, please explain why you did not use the program:



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### Reimbursable Services Program Stakeholder Feedback Program Satisfaction:

2. Overall, how satisfied are you with the Reimbursable Services Program (RSP)?

☐ Very Dissatisfied

☐ Satisfied

☐ Dissatisfied

☐ Very Satisfied

☐ Neutral

Please Describe:

3. How satisfied are you with the level of service provided by CBP Headquarters Staff?

☐ Very Dissatisfied

☐ Satisfied

☐ Dissatisfied

☐ Very Satisfied

☐ Neutral

Please Describe:

4. How satisfied are you with the level of service provided by CBP Port Staff?

☐ Very Dissatisfied

☐ Satisfied

☐ Dissatisfied

☐ Very Satisfied

☐ Neutral

Please Describe:

5. How satisfied are you with the process for requesting services?

☐ Very Dissatisfied

☐ Satisfied

☐ Dissatisfied

☐ Very Satisfied

☐ Neutral

Please Describe:

6. How satisfied are you with CBP's fulfillment of your requested services?

☐ Very Dissatisfied

☐ Satisfied

☐ Dissatisfied

☐ Very Satisfied

☐ Neutral

Please Describe:

7. How satisfied are you with the billing process?

☐ Very Dissatisfied

☐ Satisfied

☐ Dissatisfied

☐ Very Satisfied

☐ Neutral

Please Describe:

8. How satisfied are you with the payment process?

☐ Very Dissatisfied

☐ Satisfied

☐ Dissatisfied

☐ Very Satisfied

☐ Neutral

Please Describe:

9. How satisfied are you with the Program Metrics Reports

☐ Very Dissatisfied

☐ Satisfied

☐ Dissatisfied

☐ Very Satisfied

☐ Neutral

Please Describe:

10. How satisfied are you with your meetings and local coordination with CBP staff?

☐ Very Dissatisfied

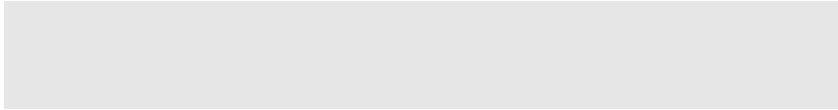
☐ Satisfied

☐ Dissatisfied

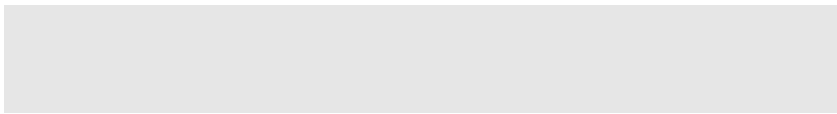
☐ Very Satisfied

☐ Neutral

Please Describe:



11. Is there anything CBP can do to increase your satisfaction with the program?





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### Reimbursable Services Program Stakeholder Feedback Impact to Operations:

12. Briefly describe how you are utilizing the program to date:

13. Have you seen an increase in volume due to the Program?

☐ Yes

☐ No

☐ N/A

Please Describe:

14. Have you seen a decrease in processing times due to the Program?

☐ Yes

☐ No

☐ N/A

Please Describe:

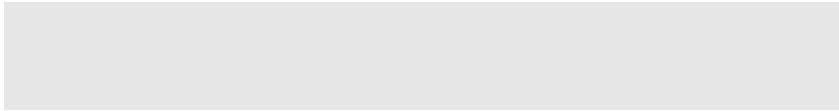
15. Has RSP allowed CBP to provide new or additional services that were previously unavailable or unable to be provided?

☐ Yes

☐ No

☐ N/A

Please Describe:



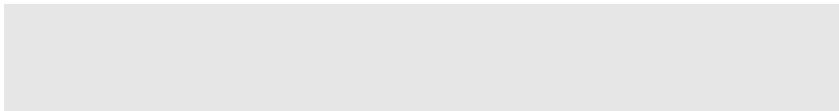
16. Has RSP had a positive impact on those directly affected by the Program (i.e., travelers, importers/exporters, etc.)?

☐ Yes

☐ No

☐ N/A

Please Describe:







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### Reimbursable Services Program Stakeholder Feedback Concluding Comments:

17. What goals are you trying to achieve in utilizing the program?

18. Has the program helped you meet those goals?

☐ Yes

☐ No

☐ N/A

Please Describe:

19. Do you plan to request services throughout the next year?

☐ Yes

☐ No

☐ N/A

Please Describe:

20. Please provide any additional comments or feedback with respect to RSP:

