

# **Customer Feedback Survey.**

## ***Office of Headquarters Personnel Security Operations***

### **Paperwork Reduction Act Burden Disclosure Statement**

This data is being collected to obtain information about the quality of service performed by the Office of Headquarters Personnel Security Operations (EHSS-43). The data you supply will be used for internal customer service improvements and to better serve our customer base throughout the Department of Energy.

Public reporting burden for this collection of information is estimated to average one minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of the Chief Information Officer, Enterprise Policy Development & Implementation Office, IM-22, Information Collection Management Program (1910-5160), U.S. Department of Energy, 1000 Independence Ave SW, Washington, DC 20585; and to the Office of Management and Budget (OMB), OIRA, Paperwork Reduction Project (1910-5160), Washington, DC 20503.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control number.

Submission of this data is voluntary.

OMB Control Number: 1910-5160 Expiration: 10/31/2022

\* Required

1. How would you describe your experience with EHSS-43? \*

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Average
- ☐ Below average

2. What can EHSS-43 do to better support your organization's mission and goals? \*

- ☐ Provide better transparency of clearance/HSPD-12 process.
- ☐ Provide more visibility of where my clearance/HSPD-12 requests are in the process.
- ☐ Provide more education on the clearance/HSPD-12 process.
- ☐ Other

3. Please tell us what EHSS-43 does well to help meet your organization's goals. \*

- ☐ Provides great customer service.
- ☐ Listens and attends to my organization's needs in a timely manner.
- ☐ Completes requests for clearance/HSPD-12 actions in a timely manner.
- ☐ Other

4. Is there anyone in EHSS-43 that you would like to recognize that has been helpful to you, or has provided excellent customer service to your organization? \*

- ☐ No
- ☐ Other

5. May we contact you to follow-up on your responses?

*(If so, please provide your name and a method of contact.)* \*

- ☐ No
- ☐ Other

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