

INC1234567 - Incident Survey

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 3090-0321 (Expires 09/30/2025). This is a voluntary information collection. The time required to complete this information collection is estimated to average 3 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact John Vancil – John.Vancil@cms.hhs.gov.

Please rate your experience below:

How satisfied were you with the service you received?

Very Unsatisfied

Unsatisfied

Neutral

Satisfied

Very Satisfied

☐

☐

☐

☐

☐

The service I received was timely and efficient.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

☐

☐

☐

☐

☐

The employees that I interacted with were helpful.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

☐

☐

☐

☐

☐

How easy was it to interact with the customer service partner to resolve your issue?

Very Difficult

Difficult

Neutral

Somewhat Easy

Very Easy

☐

☐

☐

☐

☐

Did the customer service partners have the expertise to answer your questions?

No Knowledge

Limited Knowledge

Moderate Knowledge

Advanced Knowledge

Expert Knowledge

☐

☐

☐

☐

☐

Please share any additional feedback regarding your experience.

Thank you for your feedback!

Cancel

Submit

