

OM Customer Satisfaction Survey

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Public reporting burden for this collection of information is estimated to average 2 minutes 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch; 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.

Privacy Act Statement

The primary use of the collection of your name is to further discuss your customer experience. It is optional to provide your name. If you do not provide this information, you would not be able to receive individual follow up. Collection of this information is authorized under 42 U.S.C. 203, 241, 289l-1 and 44 U.S.C. 3101, and Section 301 and 493 of the Public Health Service Act. The Privacy Act System of Records Notices (SORNs) that covers collection of this information are [09-25-0156 Records of Participants in Programs and Respondents in Surveys Used to Evaluate Programs of the Public Health Service, HHS/PHS/NIH/OD](#) and [09-90-1901 HHS Correspondence, Comment, Customer Service, and Contact List Records](#).

All questions are optional and you may exit the survey at any time.

1. Who from OM helped you today?

2. What Branch provided the service?

3. How would you rate the **overall quality of service** provided by the OM staff member in handling your request?

- ☐ Outstanding
- ☐ Meets Expectations
- ☐ Needs Improvement

4. How satisfied were you with the OM staff member's **understanding** of your issue or request?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Not Satisfied

5. How satisfied were you with the **overall speed** of their response?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Not Satisfied

6. How satisfied were you with the level of **courtesy and professionalism** extended to you by the OM staff member?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Not Satisfied

7. How satisfied were you with the **speed of resolution** of your issue or the service you requested?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Not Satisfied

8. Provide any comments or feedback regarding the service provided to you by the OM staff member.

9. What division were we helping?

10. If you would like someone from OM to contact you, please include your name below.
Thank you.