

Inspection Division



Management Liaison Survey - MASTER

OMB Control Number: 1601-0014
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* Required

Paperwork Reduction Act Statement

In accordance with 5 CFR 1320.5(b), an agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 7 minutes per response, including the time for reviewing instructions, completing the survey, and submitting the survey. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Secret Service, Office of Strategic Planning and Policy, Enterprise Policy Division, 245 Murray Lane SW, Building T-5, Mail Stop #8404, Washington, DC 20223; OMB No. 1601-0014. **Do not mail your completed survey to this address.**

Management Official completing this survey:

1. Name: *

2. Title: *

3. Office/Division: *

4. Agency: *

5. In your current position, how long have you maintained a working professional relationship with the Secret Service?

- Less than 1 year
- Between 1-2 years
- Between 2-3 years
- More than 4 years

6. On a 5-point scale, please indicate the number which best describes your assessment of the Secret Service field office's performance in the following areas:

1 - Poor 2 - Below Average 3 - Average 4 - Above Average

Responsiveness of Secret Service personnel to your office:

Professionalism of Secret Service personnel toward your office:

Communication between your agency and the Secret Service

Level of satisfaction with the overall professional relationship between your office and the Secret Service:

7. Have you worked with the Secret Service in a protective capacity?

Yes

No

8. If you answered Yes to Question 7, were their requests of your agency for support reasonable? If not, please explain.

9. The following ratings are for Prosecutor Offices only. Please select Yes if this applies to your agency. If you are not a Prosecutor Office, please select No to skip this section. *

Yes

No

10. Prosecutor Offices Only - On a 5-point scale, please indicate the number which best describes your assessment of the Secret Service field office's performance in the following areas:

1 - Poor 2 - Below Average 3 - Average 4 - Above Average

Ability to prepare cases using prosecution priorities and guidelines:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of cases submitted for prosecution:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of forensic evidence provided:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of Expert Testimony provided:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Please add any comments that you believe will help improve and/or foster a mutually beneficial professional relationship between your office and the Secret Service:

12. Would you like to speak with the Lead Inspector in person?

Yes

No

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