Customer Service Survey

Thank you for choosing to participate in this short survey. The survey's focus is the customer service that is provided by the National Firearms Act Division (NFA Division), the Firearms & Explosives Services Division (FESD), and their branches:

Industry Processing Branch (NFA Division) Government Support Branch (NFA Division) Federal Firearms Licensing Center (FESD) Firearms and Explosives Imports Branch (FESD) Federal Explosives Licensing Center (FESD)

The survey consists of questions directly related to your experience when contacting NFA Division, FESD or one of its branches. The questions are in yes/ no, multiple choice and fill-in-the-blank format. For each question, provide the answer that most closely represents your opinion related to the service that was provided to you. Your answers will help us to provide excellent customer service for both the firearms and explosives industry as well as the general public. You will also have the opportunity to offer general comments at the end of the survey.

Type of Customer

Are you: (Indicate ONE answer)

- Industry Member
- Local or State Police
- Federal Government (Agency)
- State or Local Government (Agency)
- Private Citizen
- Member of U.S. Military
- Other (Describe)

Contact Frequency

How many times in the past year have you contacted NFA Division, FESD or one of its branches?

- 1-2 times
- _____ 3-4 times
- More than 4 times

Method of This Contact

In what way did you contact us most recently?

- Phone
- Letter
- Fax
- Email In Person (such as at a conference or show)

Servicing Office

Which servicing location did you contact most eccepted if you have had contact with multiple branches, please complete repair courses for each contact

- ___ Industry Processing Branch
- Government Support Branch Firearms and Explosives Interests
- Federal Firearms Licensing Cen
- Federal Explosives Lice, sing Cer
- Division Staff Member
- __ I Don't Know

Date of Service

Please provide the date you contacted the above servicing location Date

Service Rating

Using the below scale, please rate the person who most recently assisted you.

	Outstanding	Good	Fair	Poor	Unacceptable
Courteous					
Prompt					
Knowledgeable					
Professional					
Helpful					
Understood your					
problem					
Solved your					
problem					
Overall service					
provided					

Individual Who Provided Service

Please provide the name of the individual who most recently assisted you (if known). If you have had contact with multiple people, you may complete a separate survey for each contact.

Voice Message

- If you called and left a voice message, did you receive a call back?
 - $-\frac{\text{Yes}}{\text{No}}$
 - $-\frac{NO}{N/A}$
- ____
- Response Time

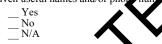
Please provide the amount of time it took to get a call back:

Within 1 hour

- Within 4 hours
- By the end of the business day
- By the next business day
- Within 2-3 days
- Within 1 week
- Longer than 1 week

Transfers

If you were transferred or referred to another individual or agency, were you given useful names and/or phone numbers?



Supervisor/Management

If your problem or concern ould not be resolved with an initial phone call and you sought elevated assistance, were they able to assist in resolution?

and her would you rate your most recent experience with our

AtionBranch? Outstanding Good Fair Poor

OPTIONAL

• . Ip improve future customer service, may we contact you about your urve responses?

Contact Information

Yes No

Please provide your contact information so that we may follow up regarding your responses:

Name

Itume	
Phone number	
Best time to call	
E-mail address	

Comments

Please provide any comments on how we can improve the quality of service:

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collected is to capture data that permits the accurate assessment of program activities, and assists in increasing customer satisfaction.

The estimated average burden associated with this collection of information is 5 minutes per respondent, depending on individual circumstances. Comments concerning the accuracy of this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

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.

Name_