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)
Federal Explosives Licensing Center (FESD)

The survey consists of questions directly related to your experience when contacting 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 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 recently? If you have had contact with multiple branches, please complete a separate survey for each contact:
- Industry Processing Branch
- Government Support Branch
- Federal Firearms Licensing Center
- Federal Explosives Licensing Center
- 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.

<table>
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<th></th>
<th>Outstanding</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Unacceptable</th>
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<tbody>
<tr>
<td>Courteous</td>
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<td>Prompt</td>
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<td>Knowledgeable</td>
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<td>Professional</td>
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<td>Helpful</td>
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<tr>
<td>Understood your problem</td>
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<td>Solved your problem</td>
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<td>Overall service provided</td>
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</table>

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.
Name

Voice Message
If you called and left a voice message, did you receive a call back?
- Yes
- 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?
- Yes
- No
- N/A

Supervisor/Manager
If your problem or concern could not be resolved with an initial phone call and you sought elevated assistance, were they able to assist in resolution?
- Yes
- N/A

Overall, how would you rate your most recent experience with our Division/Branch?
- Excellent
- Outstanding
- Good
- Fair
- Poor
- Unacceptable

Optional
To help improve future customer service, may we contact you about your survey responses?
- Yes
- No

Contact Information
Please provide your contact information so that we may follow up regarding your response:
Name __________________________
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.