OMB Control No. 3014-0011
OMB Expiration Date: 1/31/2018
Estimated Burden: 3 Minutes

U.S. Access Board Customer Satisfaction Survey

The Access Board wants to know about your experience with filing and resolving your recent complaint under the Architectural Barriers Act. Your responses will help us provide better customer service. We would greatly appreciate it if you could fill out this short questionnaire.

Please rate each statement on a scale of 1 (strongly agree) to 5 (strongly disagree). Circle your response.

	Strongly Agree		Neither Agree nor Disagree		Strongly Disagree
1. The Access Board staff was helpful and courteous in responding to my concerns or questions.	1	2	3	4	5
2. The Access Board staff kept me informed of the status of my complaint.	1	2	3	4	5
3. The Access Board staff responded to my concerns or questions in a timely manner.	1	2	3	4	5
4. The Access Board staff was knowledgeable about my complaint and related accessibility issues.	1	2	3	4	5
5. I was satisfied with the efforts made to address the accessibility issues I raised in my complaint.	1	2	3	4	5
6. The amount of time taken to address my complaint was reasonable.	1	2	3	4	5
7. I was satisfied with the outcome or result I saw in the facility about which I filed a complaint.	1	2	3	4	5

Please answer the following questions.

8. Was the accessibility barrier about which you filed a complaint eventually removed or corrected? (circle your response) Yes No

9. Was this the first complaint you had filed with the Access Board? (circle your response) Yes No

10. How did you learn about the Access Board? (place an X next to your response)

___ Independent Living Center ___ Client Assistance Program ___ Referred by a Federal or State Agency
___ Internet ___ Newspaper ___ Other; please explain: _____

11. Please give us any suggestions or comments you may have regarding how we can improve our efforts to respond to and resolve accessibility complaints. Please feel free to use the back page or attach an additional page._____
_____
_____

OPTIONAL: If you wish, please provide your complaint number:

Complaint Number: _____

Paperwork Reduction Act Notice: Pursuant to the Paperwork Reduction Act of 1995, and its implementing regulations at 5 CFR 1320.8(b)(3), the United States Access Board may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB Control Number.