

Individual Information Collection Request

Under GSA's Generic Clearance: Improving Customer Experience - Implementation of Section 280 of OMB Circular A-11

OMB Control No. 3090-0321

Tell us about your experience with the Traveler Communications Center (ADIS)

Please complete this survey regarding your recent experience with U.S. Customs and Border Protection's Traveler Communications Center (TCC). This survey is being conducted by the TCC to gain feedback and help improve the traveler's experience contacting the communications center. It should take less than two minutes to complete. Your response is anonymous and is voluntary.

1. I am satisfied with the service I received from the Traveler Communications Center.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

2. This interaction with the Traveler Communications Center increased my trust in U.S. Customs and Border Protection.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

3. Anything you want to tell us about your scores above?

Would you like to take two more minutes to answer more questions to help us improve our services?

Yes, keep going →

No, only submit these responses

[← Back](#)

4. My need was addressed by the Traveler Communications Center.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

5. Once I contacted the Traveler Communications Center, it was easy to complete what I needed to do.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

6. Once I reached an employee at the Traveler Communications Center, my question or issue was resolved in a reasonable amount of time.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

7. I was treated fairly by the employee I interacted with at the Traveler Communications Center.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

8. Employees I interacted with at the Traveler Communications Center were helpful.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

9. Anything else you'd like to share with us?

Submit

ADMINISTRATION DETAILS:

The following will be displayed on this Touchpoints survey:

OMB Control No. 0690-0030, Expiration Date: XX/XX/XXXX