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## Technical Services and Library Systems Customer Service Assessment

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#### Introduction

| The goal of this survey is to gauge satisfaction with the services provided by the Technical Services and Library Systems  |
|--|
| Division. Our internal customers have important and valuable insights into our work and we appreciate your feedback. We    |
| will use the information collected in this survey for planning and assessment, and to identify potential areas for process |
| improvement.   |

Employees within the Technical Services and Library Systems Division are encouraged to complete the survey but to refrain from evaluating their own departments.

All responses are anonymous: neither IP nor email addresses are being collected with this survey.

All questions are optional and you may quit the survey at any time.

Thank you in advance for your valuable feedback!

### **Acquisitions Services Department (Kate Latal, Department Head)**

The mission of the Acquisitions Services Department is to order, document accessibility or receipt of materials, and process invoices for payment for all electronic resources obtained for the University Libraries' collections and all physical items housed in three library buildings: the University Library, the Dewey Library and the Science Library. Typical activities of the department include: searching OCLC and importing records into ALEPH, creating order records for one-time orders and continuations, placing orders through vendors and with publishers, receiving materials in ALEPH using arrival function or check-in, directing received materials to the appropriate department, preparing and paying invoices in ALEPH, using vendor web sites and other resources to place orders and research status of titles, and verifying correct disbursement of invoice payments.

# 1. Please rate your overall satisfaction with regards to the services provided from the Acquisitions Services Department for each of the following aspects:

|  | Not at all satisfied      | Satisfied | Very satisfied | Not applicable/Don't know |
|--|---------------------------|-----------|----------------|---------------------------|
| Accuracy                                   | 0                         | O         | 0              | O                         |
| Collaboration                              | O                         | O         | O              | 0                         |
| Communication                              | O                         | O         | O              | O                         |
| Effectiveness                              | O                         | O         | C              | 0                         |
| Efficiency                                 | O                         | O         | O              | O                         |
| Follow-through                             | 0                         | O         | 0              | 0                         |
| Proactive sharing of information           | 0                         | 0         | O              | O                         |
| Outreach to stakeholders of major projects | 0                         | O         | O              | O                         |
| Personalized service or special requests   | 0                         | O         | O              | 0                         |
| Procedures and documentation               | O                         | O         | 0              | О                         |
| Speed of response to reported problems     | 0                         | O         | O              | O                         |
| Timely completion of routine work          | O                         | O         | 0              | О                         |
| Please describe specific service           | es experiences in detail: |           |                |                           |
|  |                           |           |                |                           |

| cquisitions?       | •              |             |           | a question | rn related to    |
|--------------------|----------------|-------------|-----------|------------|------------------|
| © Yes              |                |             |           |            |                  |
| © No               |                |             |           |            |                  |
| Please explain     |                |             |           |            |                  |
|                    |                |             |           |            | _                |
|                    |                |             |           |            | V                |
| . How comfort      | able do you t  | feel asking | for help? |            |                  |
| C Very comfortable |                |             |           |            |                  |
| Somewhat comform   | table          |             |           |            |                  |
| Not comfortable    |                |             |           |            |                  |
| Please explain:    |                |             |           |            |                  |
|                    |                |             |           |            | <b>A</b>         |
|                    |                |             |           |            |                  |
| hat you would      | like to see of |             |           |            | r any new servic |
|                    | like to see of |             |           |            |                  |
| hat you would      | like to see of |             |           |            |                  |
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| hat you would      | like to see of |             |           |            |                  |

|               | ou need/want training from the Acquisitions Services Department in these are    | as  |
|---------------|---|-----|
| Us            | ALEPH regarding order status, receipt of materials and invoice payments         |     |
| Us            | g GOBI  |     |
| Ele           | ronic resources ordering process  |     |
| Su            | nitting orders  |     |
| Re            | rts from ALEPH  |     |
| Otl           |   |     |
| lease c       | scribe "Other" here:  |     |
|               | <u>^</u>  |     |
|               | do you best like to communicate with members of the Acquisitions Services ment? |     |
| _             | nail  |     |
|               |   |     |
| 🗆 Ву          | none  |     |
|               | rson  |     |
| O In          | rson  |     |
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| O In          | rson  |     |
| In lease c    | rson  | ise |
| In lease e    | u have additional comments about the Acquisitions Services Department, plea     | ıse |
| In lease e    | u have additional comments about the Acquisitions Services Department, plea     | ıse |
| In lease e    | u have additional comments about the Acquisitions Services Department, plea     | ıse |
| In lease e    | u have additional comments about the Acquisitions Services Department, plea     | ıse |
| C In Please 6 | u have additional comments about the Acquisitions Services Department, plea     | ıse |

# Catalog Management Services Department (Formerly DMPB; Wendy West, Departme...

The mission of the Catalog Management Services Department is to provide access to materials in all formats, ensure accuracy of the content of the data in the bibliographic and holdings records within our online public access catalog, physically process materials to be shelved, send materials to the commercial bindery, and maintain the records for inventory in the storage facility. Typical activities for the department include managing electronic journal records, creating call number labels, withdrawing materials, editing bibliographic and holdings records, transferring materials to storage, processing rush materials, and sending materials to a commercial bindery.

# 8. Please rate your overall satisfaction with regards to the services provided from the Catalog Management Services Department for each of the following aspects:

|  | Not at all satisfied      | Satisfied | Very satisfied | Not applicable/Don't know |
|--|---------------------------|-----------|----------------|---------------------------|
| Accuracy                                   | O                         | 0         | 0              | 0                         |
| Collaboration                              | O                         | O         | O              | O                         |
| Communication                              | 0                         | O         | 0              | 0                         |
| Effectiveness                              | 0                         | 0         | 0              | 0                         |
| Efficiency                                 | 0                         | 0         | 0              | 0                         |
| Follow-through                             | 0                         | 0         | 0              | 0                         |
| Proactive sharing of information           | О                         | O         | 0              | О                         |
| Outreach to stakeholders of major projects | O                         | O         | 0              | O                         |
| Personalized service or special requests   | 0                         | 0         | 0              | О                         |
| Procedures and documentation               | O                         | $\odot$   | 0              | O                         |
| Speed of response to reported problems     | O                         | 0         | 0              | O                         |
| Timely completion of routine work          | O                         | O         | 0              | O                         |
| Please describe specific service           | es experiences in detail: |           |                |                           |
|  |                           |           |                |                           |

| 9. Do you feel that you  | know whom to contact with a question or concern related to  |
|--|---|
| catalog management?  |   |
| C Yes  |   |
| C No   |   |
| Please explain   |   |
|  |   |
| 0. How comfortable d   | lo you feel asking for help?  |
| C Very comfortable   |   |
| Somewhat comfortable   |   |
| Not comfortable  |   |
| Please explain:  |   |
|  | A   |
|  |   |
| Services Department?   | ce to communicate with members of the Catalog Management  |
| <del>-</del>   |   |
| Services Department?  By email  By phone   |   |
| C By email By phone In person  |   |
| C By email By phone In person  |   |
| C By email By phone In person  |   |
| Services Department?  By email By phone In person Please explain   |   |
| Services Department?  By email By phone In person Please explain   |   |
| Services Department?  By email  By phone  In person  Please explain  2. If you have any sughat you would like to s | gestions about the currently provided services or any new services see offered by the Catalog Management Services Department, |
| Services Department?  By email By phone In person Please explain   | gestions about the currently provided services or any new services see offered by the Catalog Management Services Department, |

| Technical Services and Library Systems Customer Service Assessment                  |    |
|---|----|
| 13. If you have additional comments about the Catalog Management Services Departmen | t, |
| please enter them here:   |    |
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#### Cataloging Services Department (Nancy Poehlmann, Department Head)

The mission of the Cataloging Services Department is to provide access to all resources selected by the Collections Division in a cost effective, efficient, and timely manner, concentrating on the users' needs. The Department catalogs materials in all formats, and in all European and East Asian languages, as well as Hebrew.

# 14. Please rate your overall satisfaction with regards to the services provided from the Cataloging Services Department for each of the following aspects:

|  | Not at all satisfied      | Satisfied | Very satisfied | Not applicable/Don't know |
|--|---------------------------|-----------|----------------|---------------------------|
| Accuracy                                   | 0                         | 0         | 0              | O                         |
| Collaboration                              | 0                         | O         | O              | O                         |
| Communication                              | O                         | O         | O              | O                         |
| Effectiveness                              | 0                         | O         | O              | 0                         |
| Efficiency                                 | O                         | 0         | O              | 0                         |
| Follow-through                             | 0                         | O         | O              | 0                         |
| Proactive sharing of information           | 0                         | O         | 0              | 0                         |
| Outreach to stakeholders of major projects | 0                         | O         | 0              | 0                         |
| Personalized service or special requests   | 0                         | 0         | O              | 0                         |
| Procedures and documentation               | O                         | O         | O              | 0                         |
| Speed of response to reported problems     | 0                         | O         | 0              | 0                         |
| Timely completion of routine work          | O                         | O         | O              | 0                         |
| Please describe specific service           | es experiences in detail: |           |                |                           |
|  |                           |           |                |                           |

|  | Customer Service Assessment                |
|--|--|
| 15. Do you feel that you know whom to contact v  | with a question or concern related to      |
| cataloging?  C Yes   |  |
| C No   |  |
|  |  |
| Please explain   | <b>A</b>                                   |
|  | <b>Y</b>                                   |
| 6. How comfortable do you feel asking for help   | 9?   |
| C Very comfortable   |  |
| C Somewhat comfortable   |  |
| Not comfortable  |  |
| Please explain:  |  |
|  |  |
|  | $\forall$                                  |
| <ul><li>By email</li><li>By phone</li></ul>  |  |
| C In person  |  |
| Please explain   |  |
|  |  |
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|  | <b>v</b>                                   |
| 8. If you have any suggestions about the curre   | ntly provided services or any new services |
|  |  |
| hat you would like to see offered by the Catalog   |  |
| hat you would like to see offered by the Catalog   |  |
| hat you would like to see offered by the Catalog   |  |
| hat you would like to see offered by the Catalog   |  |
| hat you would like to see offered by the Catalog   |  |
| hat you would like to see offered by the Catalog   |  |
| 18. If you have any suggestions about the curre<br>that you would like to see offered by the Catalog<br>them here: |  |
| that you would like to see offered by the Catalog  |  |

| you have additi<br>them here: | onal comments | about the Cata | aloging Services | Department, plea |
|-------------------------------|---------------|----------------|------------------|------------------|
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#### **Library Systems Department (Mike Sweeney, Department Head)**

The mission of the Library Systems Department is to provide a broad range of IT solutions and services to support the teaching, research, and outreach missions of the University at Albany Libraries and the University. Library Systems provides technical leadership in research and development of library initiatives, explores and evaluates the suitability of new technologies to support the University Libraries' programs and services, and supports workstation and network services for the University Libraries.

# 20. Please rate your overall satisfaction with regards to the services provided from the Library Systems Department for each of the following aspects:

|  | Not at all satisfied      | Satisfied | Very satisfied | Not applicable/Don't know |
|--|---------------------------|-----------|----------------|---------------------------|
| Accuracy                                   | 0                         | 0         | O              | O                         |
| Collaboration                              | $\circ$                   | O         | O              | O                         |
| Communication                              | 0                         | O         | O              | O                         |
| Effectiveness                              | 0                         | O         | 0              | O                         |
| Efficiency                                 | 0                         | O         | 0              | O                         |
| Follow-through                             | 0                         | O         | 0              | O                         |
| Proactive sharing of information           | О                         | O         | O              | O                         |
| Outreach to stakeholders of major projects | O                         | O         | O              | 0                         |
| Personalized service or special requests   | 0                         | O         | 0              | 0                         |
| Procedures and documentation               | O                         | O         | O              | O                         |
| Speed of response to reported problems     | 0                         | O         | O              | 0                         |
| Timely completion of routine work          | O                         | O         | 0              | 0                         |
| Please describe specific service           | es experiences in detail: |           |                |                           |
|  |                           |           |                |                           |

| 21. Do you feel that you know whom to contact wit<br>library systems?   | h a question or concern related to |
|---|------------------------------------|
| O Yes   |                                    |
| O No  |                                    |
| Please explain  |                                    |
| Flease explain  |                                    |
|   | <b>y</b>                           |
| 22. How comfortable do you feel asking for help?  |                                    |
| C Very comfortable  |                                    |
| C Somewhat comfortable  |                                    |
| C Not comfortable   |                                    |
| Please explain:   | <u> </u>                           |
|   | <b>A</b>                           |
|   |                                    |
|   | nbers of the Library Systems       |
| Department?  © By email   | nbers of the Library Systems       |
| Department?  © By email © By phone  | nbers of the Library Systems       |
| Department?   | nbers of the Library Systems       |
| Department?  © By email © By phone © In person  | nbers of the Library Systems       |
| Department?  © By email  © By phone  © In person  | nbers of the Library Systems       |
| Department?      By email     By phone     In person  Please explain  |                                    |
| Department?      By email     By phone     In person  Please explain  |                                    |
| Department?      By email      By phone      In person  Please explain  24. How satisfied are you with the training provide   |                                    |
| Department?      By email     By phone     In person  Please explain  24. How satisfied are you with the training provide      Very satisfied                                   |                                    |
| Department?  By email By phone In person Please explain  24. How satisfied are you with the training provider Very satisfied Satisfied Not at all satisfied                     |                                    |
| <ul> <li>By phone</li> <li>In person</li> <li>Please explain</li> <li>24. How satisfied are you with the training provide</li> <li>Very satisfied</li> <li>Satisfied</li> </ul> |                                    |
| Department?  By email By phone In person Please explain  24. How satisfied are you with the training provider Very satisfied Satisfied Not at all satisfied                     |                                    |

| <del>-</del>                                   | Libraries' information technology help desk system    |
|--|---|
| nttp://libstaff/technology/ticket/ )?          | ?   |
| Very satisfied                                 |   |
| Satisfied                                      |   |
| Not at all satisfied                           |   |
| lease explain:                                 |   |
|  |   |
|  |   |
|  | ▼   |
| nat you would like to see offered<br>nem here: | by the Library Systems Department, please describe    |
|  |   |
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| _  | nts about the Library Systems Department, please ente |
| -  | nts about the Library Systems Department, please ente |
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| -  |   |
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| 7. If you have additional commer<br>nem here:  |   |
| _  |   |
| _  |   |
| _  |   |
| _  |   |

# Technical Services and Library Systems Customer Service Assessment General 28. Are you able to find specific staff offices in Technical Services and Library Systems (Rooms B34-B35)? Yes O No Please explain: 29. If you found any of the questions confusing or unclear, please explain here: 30. If there are questions that we should be asking but which are not on the survey please list them here: