



COMMUNITY SUPPORT NETWORK CUSTOMER FEEDBACK

In order to continue to provide quality service and information, we need your feedback. Please take a few minutes to complete the following survey and return to the Community Support Network (CSN) Coordinator by fax or email.

Fax: (571) 256-3339

Email: usarmy.pentagon.medcom-wtc.mbs.communitysupportnetwork@mail.mil.

Please tell us about yourself:

Name (optional): _____

Location: _____

Email: _____ Phone (Optional): _____

Soldier: _____ Veteran: _____ Family Member: _____ Caregiver: _____ Advocate: _____

Other: (Please Identify) _____

Would You Like Someone To Contact You? Yes _____ No _____

Tell us about the organization you are rating:

Organization Name: _____

Date(s) Of Service: _____

How Long Have You Been Working With This Organization? _____

Type(s) Of Product/Services Received: _____

Would you recommend this organization? Yes _____ No _____ Maybe _____

How Did You Hear About The Organization? (Check all that apply)

___ Warrior Transition Command website: Blog _____ CSN _____ Facebook/Twitter _____

___ Advocate

___ WTU Cadre or Leadership

___ Personal Knowledge

___ Referral from Someone Outside of the Army

___ Contact from Organization

___ Other: (Please Identify) _____

How Did You First Make Contact With This Organization?

Phone: _____ Email: _____ Fax: _____ Website: _____ Face-to-Face: _____

Other: (Please Identify) _____



Tell us about your experience:

Rating Choices: 5=Excellent 4=Above Average 3=Average 2=Below Average 1=Poor

OVERALL EXPERIENCE: _____

Facility:

Clean: _____

Handicapped accessible: _____

Convenient Parking: _____

Staff:

Polite, courteous, professional: _____

Careful and respectful: _____

Accurate and reliable: _____

Seemed honest and consistent: _____

Communicated in a clear and understandable way: _____

Resolved any questions/concerns: _____

Communication:

Response Time – For appointments, callbacks, and/or services: _____

Telephone hold time: _____

Contact information easy to find: _____

Provided adequate follow up and feedback: _____

Products and Services:

Delivered as promised: _____

Costs accurate and as previously agreed upon: _____

Did this organization: (Check all that apply)

- Ask for your endorsement
- Ask for assistance in contacting others
- Ask for referrals
- Discuss using your pictures/comments/etc.
- Ask for money
- Try to sell you something
- Offer substitutions of products or services for a fee



What did you like about this organization? _____

Do you have any suggestions on how they can improve? _____

Additional Comments: _____

Thank you for your feedback!

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