

To Our Customers:

It is our goal to provide the highest quality of customer service. Please let us know where we are succeeding and how we might do better by completing this brief survey about your visit today:

Date of Visit _____ Time of Visit _____

Who helped you today? _____

How satisfied are you with today's visit overall?
(please circle a letter grade)

	Very Satisfied		Somewhat Satisfied		Not Satisfied At All
	A	B	C	D	F

Please circle a letter grade for each of the following aspects of today's visit:

	Excellent	Above Average	Average	Below Average	Fail
Courtesy and promptness of reception staff	A	B	C	D	F
Interview by Veteran Service Rep. (if applicable)	A	B	C	D	F
Knowledge and thoroughness of staff	A	B	C	D	F
Speed of service	A	B	C	D	F
Office location and accessibility	A	B	C	D	F

Use this space to let us know if a staff member was particularly helpful, if there was something we were unable to help you with, or if you have any suggestions for improvement:

(Continue on the back if more space is needed.)

Please provide the following information if you would like us to contact you regarding your comments:

Name _____

Address _____

City, State, Zip _____ Phone _____

Email _____

Check here if you would like a supervisor to contact you.

Thank you for helping us by completing this survey about today's visit.

