

M09B CUSTOMER SERVICE

1. Office Providing Service (*Select One*)

- | | | |
|--|---|---|
| <input type="checkbox"/> M09B - COS Office Staff | <input type="checkbox"/> M09B2 - Resource Management | <input type="checkbox"/> M09B4 - Strategy Management |
| <input type="checkbox"/> M09B1 - Admin | <input type="checkbox"/> Travel <input type="checkbox"/> Supplies <input type="checkbox"/> Civilian Payroll | <input type="checkbox"/> M09B7 - Public/Legislative Affairs |
| <input type="checkbox"/> Position Management / HR | <input type="checkbox"/> M09B3 - Secretariat | <input type="checkbox"/> M09B8 - Pastoral Care |
| <input type="checkbox"/> ITACS / Computer Support | <input type="checkbox"/> Taskers <input type="checkbox"/> Congressionals | <input type="checkbox"/> M09B9 - Legal |
| <input type="checkbox"/> FITREPs/EVALs | <input type="checkbox"/> Directives <input type="checkbox"/> Forms <input type="checkbox"/> External Review | |
| <input type="checkbox"/> Military Leave <input type="checkbox"/> Parking <input type="checkbox"/> Security | | |
| <input type="checkbox"/> Facilities <input type="checkbox"/> Awards <input type="checkbox"/> Training | | |

2. Service Date(s)

3. Service Being Evaluated

4. For this occasion of service, the office helped you or located someone who could.

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

Explain your scoring (*optional*)

5. The office was courteous and helpful.

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

Explain your scoring (*optional*)

6. The office provided a timely response.

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

Explain your scoring (*optional*)

7. The office completely addressed my issue.

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

Explain your scoring (*optional*)

8. If you have any other comments on the service provided to you, please specify.

9. Identify a BUMED Headquarters Command Customer Service Process that is functioning particular well or one that can be improved and your recommendation for improvement

10. Your Name (*Optional*)

11. Your Code (*Optional*)

12. Do you wish to be contacted by the division director?
 Yes No

13. Date