

CUSTOMER SURVEY

(Completed surveys may be emailed to: Vicki.V.Tipton@usace.army.mil)

1) Office symbol* _____ Name (Optional) _____

2) How many times this fiscal year have you personally encountered or experienced any CT services? _____

3) Was your need or requirement met in a timely manner? _____

4) Was the outcome or result of your request exactly as you wanted? _____

If not, how could it have been better? _____

5) Was the CT person you dealt with courteous? _____

6) Were your questions or concerns answered promptly and clearly? _____

7) On a scale of 1-5 (5 = Outstanding, and 1 = unacceptable), how would you rate the service you received? _____

8) Is there any particular individual you would like to positively or negatively single out? _____

If Yes, please do so and why: _____

9) Are there other areas of Contracting for which you need training? _____

If yes, indicate what these areas are: _____

10) Please share any other comments or thoughts on ways that you believe CT would serve this District better.

*External participants may enter their Company Name in this block