

**SMALL BUSINESS (DB) - CUSTOMER SURVEY**

(Completed surveys may be emailed to: [Elizabeth.r.myers@usace.army.mil](mailto:Elizabeth.r.myers@usace.army.mil))

1) Office symbol\* \_\_\_\_\_ Name (Optional) \_\_\_\_\_

2) How many times this fiscal year have you personally encountered or experienced any services from the Small Business Office? \_\_\_\_\_

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) Were you treated in professional and courteous manner? \_\_\_\_\_

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) Please share any other comments or thoughts on ways that you believe the Small Business Office would serve this District better.

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\*External participants may enter their Company Name in this block