

1) Please Print 2) Be Specific 3) Please Place Card In Receptacle Provided
See Privacy Act Statement on reverse

MILITARY PERSONNEL DIVISION CUSTOMER SERVICE CARD

NAME	Date	No.
Address (No, Street, City or Town)	State	Zip Telephone #

IS THIS Information Request Suggestion Problem Compliment

If this is a problem, please check one of the following:

Was the problem with

- Courtesy
- Services
- Facilities

PLEASE GIVE SPECIFIC FACTS BELOW

THIS SECTION IS FOR MPD USE ONLY

Action Officer	Branch	Customer Contacted By/Date
MPD Action		

THANK YOU. YOU WILL BE CONTACTED SOON BY THE MPD

Privacy Act Statement

The information provided on this form is voluntary. It will be used by the Military Personnel Division to address your concerns. Its collection is authorized by law and it will only be disclosed outside the Department of the Army in accordance with the Privacy Act and Freedom of Information Act. Further clarification concerning the use and disclosure of the information is available by writing or calling the Fort Sill Privacy Act Coordinator, Bldg 443, 351-5158/3197.