Training Service Center Customer Satisfaction Survey

Name:	Organization:
Work Order Number (if known)	Date of Contract

What type of contact did you have with TSC?

☐ In person ☐ In writing ☐ By telephone ☐ By e-mail

With whom was your contact at TSC?

☐ Training Service Officer/VI Manager	☐ Photo Studio (DA photos)
☐ Administrative personnel	☐ Photo Lab
☐ Work Order Control	☐ Devices Branch
☐ Television Branch	☐ Services Branch – Equipment Loan
☐ Graphics Branch	☐ MILES personnel

How would you describe the quality of the PRODUCT you received? (Check #)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor Average Exceptional

How would you describe the quality of the SERVICE you received? (Check #)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor Average Exceptional

What changes, if any, would you make to improve service?

What changes, if any, would you like to see in the products you receive?

Send by e-mail to lantgenk@sill.army.mil

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