



**52 CES/CEAC
Housing Office
Spangdahlem AB, Germany**

*Your feedback is critical to ensure we are meeting our customer service goals.
Thank you for taking the time to complete this feedback.*

Date of Visit: _____ Customer Service Clerk: _____

What was your waiting time? _____

Was Government housing available upon your arrival? _____

*** Please place a check mark in the box of your choice***

Outstanding Excellent Satisfactory Marginal Unsatisfactory

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Were personnel courteous and knowledgeable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were your questions clearly answered to your satisfaction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were housing entitlements clearly explained (TLA, MIHA, OHA)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall, your care and service this visit was? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments:

(Optional) Name: _____ Phone Number: _____

Please deposit form in customer feedback box at entrance.

