

**CUSTOMER SATISFACTION SURVEY**

Use in accordance with TYAD Regulation 11-8; Proponent Office is ELTY-BUB

Your feedback allows us to continually strive to enhance customer service and support. Please complete this survey and return it to TYAD by tri-folding the form (seal with tape or staple) and using the pre-addressed, postage-paid label on reverse. For your convenience, TYAD's Customer Satisfaction Survey is also available on the web at [www.tobyhanna.army.mil](http://www.tobyhanna.army.mil) under the Customer Service link.

Please rate your satisfaction level with Tobyhanna.	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	N/A or Don't Know
1. Overall satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communications with TYAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Skill level of TYAD team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Quality of Product/Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Timely completion of mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cost of Product/Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. If you could change one area to improve customer service, you would change: \_\_\_\_\_  
(Please explain your responses in the comments section below.)

8. Where was work performed?

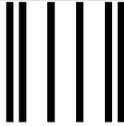
TYAD, Tobyhanna, PA       Other (Please List): \_\_\_\_\_

9. Please rate TYAD against our competitors providing similar service:	10. If given a choice would you return for future work
<input type="checkbox"/> Tobyhanna far exceeds competition <input type="checkbox"/> Tobyhanna slightly better than competition <input type="checkbox"/> Equal <input type="checkbox"/> Competition slightly better than Tobyhanna <input type="checkbox"/> Competition far exceeds Tobyhanna <input type="checkbox"/> No known competitors	<input type="checkbox"/> Definitely would <input type="checkbox"/> Probably would <input type="checkbox"/> Might or might not <input type="checkbox"/> Probably would not <input type="checkbox"/> Definitely would not

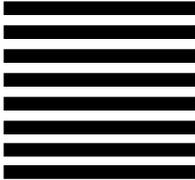
Please list any additional requirements, concerns, or comments:

**THANK YOU FOR YOUR INPUT**  
**QUESTIONS?? CALL 1-877-ASK-TOBY (1-877-275-8629) or DSN: 795-8629**

System, Program or Project:	System Serial Number or other Identifying Code:	Location:
Unit/Organization:	Commercial Phone #:	DSN:
TYAD technicians:		
Survey Completed by (Printed Name):		Email Address:
Date:	Customer Signature:	



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ATTN: ELTY-BUB  
TOBYHANNA PA 18466-5112