

CUSTOMER SATISFACTION SURVEY

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

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 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:
<input type="text"/>	<input type="text"/>	<input type="text"/>

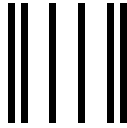
Unit/Organization:	Commercial Phone #:	DSN:
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYAD technicians:

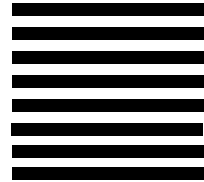
Survey Completed by (Printed Name):	Email Address:
<input type="text"/>	<input type="text"/>

Date:	Customer Signature:
<input type="text"/>	<input type="text"/>





NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 50, TOBYHANNA, PA

POSTAGE WILL BE PAID BY ADDRESSEE

TOBYHANNA ARMY DEPOT
11 HAP ARNOLD BOULEVARD
ATTN: ELTY-MPQ
TOBYHANNA PA 18466-5072

