


Defense Technical Information Center (DTIC®) Customer And Relationship Experiences (CARES)

Burden Statement 

Your comments and concerns are very important to us. Please share with us your experiences using DTIC's products and services. All responses will be confidential.

This data collection is approved under OMB Control Number 0704-0403 that expires XX/XX/XXXX and DoD Report Control Symbol DD-AT&L(AK)2300 that expires 11/30/2010.

What was your purpose for accessing DTIC's products and services?

- Registration
- Search DTIC collections
- Submitting documents to DTIC
- Ask a question
- Other _____

Were you able to successfully achieve your purpose?

- Yes
- No

If no, please explain.

Please rate your satisfaction with DTIC on each of the following areas:

Accessibility (of staff and services)

- Excellent
- Very Good
- Good
- Fair
- Poor
- NA

Accuracy (received correct information)

- Excellent
- Very Good
- Good
- Fair
- Poor
- NA

Responsiveness (timely response)

- Excellent
- Very Good
- Good
- Fair
- Poor
- NA

Helpfulness

- Excellent
- Very Good
- Good
- Fair
- Poor
- NA

Professionalism

- Excellent
- Very Good
- Good
- Fair
- Poor
- NA

Please rate your overall satisfaction with the DTIC services you received?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Excellent | Very Good | Good | Fair | Poor |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you feel that we exceeded or did not meet your service expectations, please describe the situation.

As a result of your experience, what service-related improvements would you recommend?

General Information

Which of the following best describes your current position?

Other _____

If you would like a DTIC representative to contact you, please provide your work contact information below.

Name, Telephone Number, and/or Email Address (optional)

