

OMB 0704-0420, expires 31 MAY 2013  
RCS DD-DA&M(AR)2124, expires 30 APR 2013

## U.S. Army Garrison Japan Public Affairs Office Comment Card

We welcome your feedback about any of the services or products provided by the U.S. Army Garrison Japan Public Affairs Office. Please feel free to leave contact information. Someone from PAO will gladly provide an appropriate response to all feedback when contact information is provided.

 [Information about this service provider \(FAQs, Events, Contacts, Links\)](#)

### Customer Service:

Facility Appearance	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> OK	<input type="radio"/> Poor	<input type="radio"/> Awful	<input checked="" type="radio"/> N/A
Employee/Staff Attitude	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> OK	<input type="radio"/> Poor	<input type="radio"/> Awful	<input checked="" type="radio"/> N/A
Timeliness of Service	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> OK	<input type="radio"/> Poor	<input type="radio"/> Awful	<input checked="" type="radio"/> N/A
Hours of Service	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> OK	<input type="radio"/> Poor	<input type="radio"/> Awful	<input checked="" type="radio"/> N/A
Did the product or service meet your needs?						<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A

### Satisfaction:

Were you satisfied with your experience at this office / facility?  Yes  No  N/A

### Comments & Recommendations for Improvement: (up to 4000 characters) (optional)

CAUTION: Do NOT enter sensitive or personally identifying information in this text field. Text comments may be viewed by several authorized persons involved or not involved in your specific issue.

If you would like a response, please check the Response Requested checkbox and enter your name and your phone number and/or your email below. Unless a response is requested, name, phone and email are optional.

Response Requested

Name: (optional)

Phone: (optional)

Email: (optional)

Reference Number: (optional)

**Privacy Advisory:** Unless you provide your name, phone, email address or otherwise identify yourself in the text comments on the comment card, all submitted information and comments will remain anonymous. No attempt to identify you or your organization will be made unless the comment card submission or set of submissions reflects a credible or potential threat, or reflects a misuse or abuse of the system, or is related to a law enforcement investigation. If you have a complaint and do not provide a phone number or email address, there will be no way of following up with you directly regarding the complaint. However, all comments and complaints will be examined whether or not you supply contact information. Your comment card submission, including the text comments, may be reviewed by multiple people associated to the service provided. This may, in some cases, include higher levels in the service provider's chain of command. By providing comment information in the text comment box, you are acknowledging that the information provided may be reviewed throughout the organization to which the comment was submitted, and, possibly at higher organization levels within the ICE system.

Thank you for taking the time to complete this comment card. Your opinions are very important to us.



Home » Comment Card

### Alterations Work Group (AWG) Services Comment Card

Please provide your level of satisfaction with the following statements:

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied	N/A
Overall experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Quality of the completed request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Time it took to complete the entire service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Please provide your level of agreement with the following statements:

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	N/A
Individual who provided service was professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Individual who provided service had the expertise to handle my request.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Individual who provided service understood my needs and requirements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I was kept informed while my request was being processed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I understood the service process and knew what to expect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I was promptly informed about the completion of the service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Please provide information about the service you requested:

How long did it take for the individual who provided service to respond to your initial contact?

How long did it take to complete the entire service?

Please provide information about yourself:

Please select the name of your organization:

**Comments & Recommendations for Improvement:** (up to 4000 characters) (optional)

CAUTION: Do NOT enter sensitive or personally identifying information in this text field. Text comments may be viewed by several authorized persons involved or not involved in your specific issue.

Response Requested

\*If you would like a response, please check the Response Requested checkbox above and enter your name and your phone number and/or email below. Unless a response is requested, name, phone and email are optional.

**Name:** (optional) 
**Phone:** (optional)\*

**Email:** (optional)\* 
**Reference Number:** (optional)\*

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