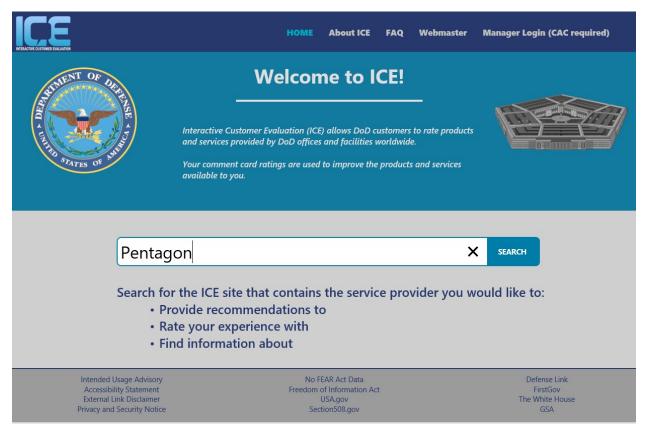
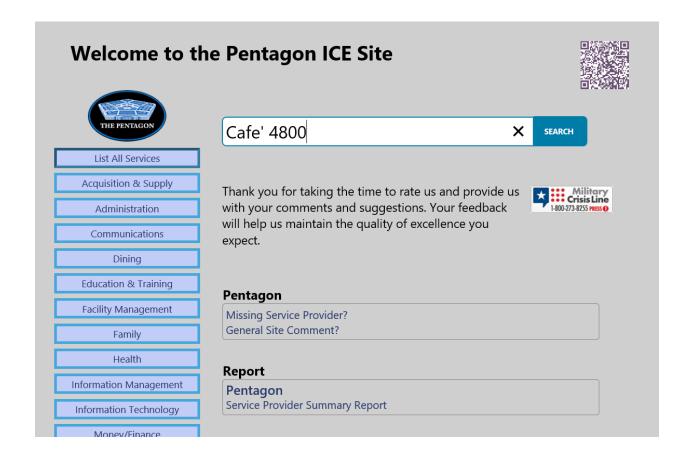
Interactive Customer Evaluation: http://ice.disa.mil/

## Front Page: Search for site/location





Questionnaire: Respond (Café 4800 example)

	Cafe' 480	0				
Overview Rate Ratings				704-0420, expires 31 D-DCMO(AR)2124, exp		
Thank you for taking the time to provide us with y	our feedback.					
	Yes	No	N/A			
Vere you satisfied with your overall experience?	0	0	•			
	Excellent	Good	OK	Poor	Awful	N/A
acility Appearance	0	0	0	0	0	•
mployee/Staff Attitude	0	0	0	0	0	•
imeliness of Service	0	0	0	0	0	•
ours of Service	0	0	0	0	0	•
	Yes	No	N/A			
id the product or service meet your needs?	0	0	•			
Comments & Recommendations for Improvement:						
CAUTION: Do NOT enter sensitive or personally ide several authorized persons involved or not involved in			d. Text comm	ents may be vi	ewed by	

Request a Response	
*If you would like a response, please check the Request a Res	sponse checkbox above and enter your contact information below.
Name: (optional)	Phone: (optional)
	(555)123-4567
Email: (optional)	Reference Number: (optional)
first.mi.last@mail.mil	
remain anonymous. No attempt to identify you or your organization will be made unless the misuse or abuse of the system, or is related to a law enforcement investigation. If you have up with you directly regarding the complaint. However, all comments and complaints will be the text comments, may be reviewed by multiple people associated to the service provided	ntify yourself in the text comments on the comment card, all submitted information and comments will be comment card submission or set of submissions reflects a credible or potential threat, or reflects a camplaint and do not provide a phone number or email address, there will be no way of following a examined whether or not you supply contact information. Your comment card submission, including I. This may, in some cases, include higher levels in the service provider's chain of command. By formation provided may be reviewed throughout the organization to which the comment was

SUBMIT

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

## Thank you page



## Thank you for your feedback!

Your responses have been entered into the customer database and will be used to improve our customer services.

Intended Usage Advisory Accessibility Statement External Link Disclaimer Privacy and Security Notice No FEAR Act Data Freedom of Information Act USA.gov Section508.gov Defense Link FirstGov The White House GSA

## **Questionnaire: Respond (Plumbing)**

	Plumbing	J				
Overview Rate Ratings				MB 0704-0420, expires 3 S DD-DCMO(AR)2124, e		
Thank you for taking the time to provide us with your	feedback.					
	Yes	No	N/A			
Were you satisfied with your overall experience?	0	0	•			
Please provide your level of satisfaction with the following statements:	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor	Somewhat Dissatisfied	Very Dissatisfied	N/A
Quality of the completed request	0	0	Dissatisfied	0	0	•
Time it took to complete the entire service	0	0	0	0	0	•
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.	0	0	0	0	0	•
Individual who provided service had the expertise to handle my request.	0	0	0	0	0	•
Individual who provided service understood my needs and requirements.	0	0	0	0	0	•
I understood the service process and knew what to expect.	0	•	0	0	0	•
I was kept informed while my request was being processed.	0	0	0	0	0	•
I was promptly informed about the completion of the service.	0	0	0	0	0	•

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?  Numbers Only   Unit   V  Please provide information about yourself:  Please select the name of your organization:  Select Organization   Select Sub-Organization   V  Comments & Recommendations for Improvement:  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.  Please select the name of your organization:  OAUTION: 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.  O/4000  Request a Response  *If you would like a response, please check the Request a Response checkbox above and enter your contact information below.  Name: (optional)  Phone: (optional)  (555)123-4567  Email: (optional)	Please provide information about the service you requested:	
Please provide information about yourself:  Please select the name of your organization:  Select Organization Select Sub-Organization  Comments & Recommendations for Improvement:  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.  O/4000  Request a Response  "If you would like a response, please check the Request a Response checkbox above and enter your contact information below.  Name: (optional)  Phone: (optional)  (555)123-4567  Email: (optional)		N/A 🔻
Please select the name of your organization:  Select Organization ✓ Select Sub-Organization ✓  Comments & Recommendations for Improvement:  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.  O/4000  Request a Response  "If you would like a response, please check the Request a Response checkbox above and enter your contact information below.  Name: (optional)  Phone: (optional)  (555)123-4567  Email: (optional)	How long did it take to complete the entire service?	Numbers Only Unit
Comments & Recommendations for Improvement:  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.  O/4000  Request a Response  *If you would like a response, please check the Request a Response checkbox above and enter your contact information below.  Name: (optional)  Phone: (optional)  (555)123-4567  Email: (optional)	Please provide information about yourself:	
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.  O/4000  Request a Response *If you would like a response, please check the Request a Response checkbox above and enter your contact information below.  Name: (optional)  Phone: (optional)  (555)123-4567  Email: (optional)	Please select the name of your organization:	Select Organization ✓ Select Sub-Organization ✓
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.  O/4000  Request a Response **If you would like a response, please check the Request a Response checkbox above and enter your contact information below.  Name: (optional)  Phone: (optional)  (555)123-4567  Email: (optional)	Commands 9 December detires for Improvement	
"If you would like a response, please check the Request a Response checkbox above and enter your contact information below.  Name: (optional)  Phone: (optional)  (555)123-4567  Email: (optional)  Reference Number: (optional)		
*If you would like a response, please check the Request a Response checkbox above and enter your contact information below.  Name: (optional)  Phone: (optional)  (555)123-4567  Email: (optional)  Reference Number: (optional)		0/4000
(555)123-4567  Email: (optional)  Reference Number: (optional)	☐ Request a Response	0/4000
(555)123-4567  Email: (optional)  Reference Number: (optional)	·	·
Email: (optional)  Reference Number: (optional)	*If you would like a response, please check the R	Request a Response checkbox above and enter your contact information below.
	*If you would like a response, please check the R	Request a Response checkbox above and enter your contact information below.  Phone: (optional)
	*If you would like a response, please check the R	Request a Response checkbox above and enter your contact information below.  Phone: (optional)
first.mi.last@mail.mil	*If you would like a response, please check the R  Name: (optional)	Phone: (optional)  (555)123-4567

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.

**SUBMIT** 

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