

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

Front Page: Search for site/location

ICE
INTERACTIVE CUSTOMER EVALUATION

[HOME](#) [About ICE](#) [FAQ](#) [Webmaster](#) [Manager Login \(CAC required\)](#)

Welcome to ICE!

Interactive Customer Evaluation (ICE) allows DoD customers to rate products and services provided by DoD offices and facilities worldwide.

Your comment card ratings are used to improve the products and services available to you.

Pentagon

Search for the ICE site that contains the service provider you would like to:

- Provide recommendations to
- Rate your experience with
- Find information about

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

Next Page: Search for service provider

Welcome to the Pentagon ICE Site



- List All Services
- Acquisition & Supply
- Administration
- Communications
- Dining
- Education & Training
- Facility Management
- Family
- Health
- Information Management
- Information Technology
- Money/Finance

Thank you for taking the time to rate us and provide us with your comments and suggestions. Your feedback will help us maintain the quality of excellence you expect.



Pentagon

Report

Questionnaire: Respond (Café 4800 example)

Cafe' 4800



OMB 0704-0420, expires 31 OCT 2017
RCS DD-DCMO(AR)2124, expires 31 OCT 2017

Overview

Rate

Ratings

Thank you for taking the time to provide us with your feedback.

	Yes	No	N/A
Were you satisfied with your overall experience?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Excellent	Good	OK	Poor	Awful	N/A
Facility Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Employee/Staff Attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Timeliness of Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hours of Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Yes	No	N/A
Did the product or service meet your needs?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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.

0/4000

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)

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.

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.

Questionnaire: Respond (Plumbing)

Plumbing



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Overview **Rate** Ratings

Thank you for taking the time to provide us with your feedback.

	Yes	No	N/A
Were you satisfied with your overall experience?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Please provide your level of satisfaction with the following statements:

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied	N/A
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 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 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 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:

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0/4000

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