**2020 DFAS Transportation Pay**

**Customer Satisfaction Survey**

\*Note items highlighted:

**Yellow**-indicates a standard question

**Background Information**

**This information is needed to help us with the statistical analysis for this survey. All of your responses are strictly confidential.**

1. With what Services/Agencies has your organization contracted during the past 12 months? (Mark all that apply)

|  |  |
| --- | --- |
| O | Army |
| O | Navy |
| O | Air Force |
| O | Marine Corps |
| O | Defense Logistics Agency |
| O | Other DoD Component |
| O | Not Applicable |

1. Do you have any contracts designated as Small Business?

|  |  |
| --- | --- |
| O | Yes |
| O | No |

**Customer Experiences**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither | Agree | Strongly Agree | No Basis to Judge |
| 1. I have adequate access to the DFAS staff for advice and assistance. **[Access]** | O | O | O | O | O | O |
| 1. The DFAS staff keeps me informed about conditions and changes that affect me. | O | O | O | O | O | O |
| 1. The DFAS staff is courteous. **[Courtesy]** | O | O | O | O | O | O |
| 1. The DFAS staff is knowledgeable. **[Knowledge]** | O | O | O | O | O | O |
| 1. Transportation Pay delivers customer service in a timely manner. **[Timeliness]** | O | O | O | O | O | O |
| 1. The DFAS staff provides reliable and consistent service. **[Reliability]** | O | O | O | O | O | O |
| 1. Transportation Pay products and services meet my needs. **[Choice]** | O | O | O | O | O | O |
| 1. I am satisfied with the content of dfas.mil, manuals, reports and other materials containing Transportation Pay information. **[Tangibles]** | O | O | O | O | O | O |
| 1. I am satisfied with the availability of dfas.mil, manuals, reports and other materials containing Transportation Pay information. **[Tangibles]** | O | O | O | O | O | O |
| 1. I am satisfied with the way the DFAS staff handles problems or errors. **[Recovery]** | O | O | O | O | O | O |
| 1. DFAS pays my invoices in accordance with the terms of my contract. | O | O | O | O | O | O |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very Poor | Poor | Fair | Good | Very Good | No Basis to Judge |
| 1. Overall, how would you rate the quality of services, products, and/or information you have received from the DFAS staff? **[Quality]** | O | O | O | O | O | O |

**Customer Care Center**

1. Have you called the 1-888-GBLS-PAY (425-77729), option 1, for assistance this past year?

* Yes
* No
* Do not know

*If yes…*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very Dissatisfied | Dissatisfied | Neither | Satisfied | Very Satisfied | No Basis to Judge |
| How satisfied are you with each of the following aspects: |  |  |  |  |  |  |
| 1. Ability of the Representative to answer your questions | O | O | O | O | O | O |
| 1. Courtesy of the Representative | O | O | O | O | O | O |
| 1. Hours of operation | O | O | O | O | O | O |
| 1. Length of time on hold until a Representative assists you | O | O | O | O | O | O |

**Overall Satisfaction**

1. Overall, how satisfied are you with DFAS products and services? **[Overall Satisfaction]**

|  |  |
| --- | --- |
| O | Very Dissatisfied |
| O | Dissatisfied |
| O | Neither Satisfied Nor Dissatisfied |
| O | Satisfied |
| O | Very Satisfied |

**Please provide your feedback to the following questions. If you have a particular inquiry or issue that requires DFAS response, please submit it securely using the askDFAS link that is provided on the Thank You page after submitting this survey.**

1. Use the following space to describe what the DFAS staff is doing well.

|  |
| --- |
|  |

1. Use the following space to describe what you would like to see the DFAS staff change.