OMB CONTROL NUMBER: 0704-0553

OMB EXPIRATION DATE: XX/XX/XXXX

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**Case Management System**

**Resource Request Feedback Form for Military OneSource Call Center**

**Introduction**

*Welcome to Military OneSource Feedback. You have been asked to complete this short survey to give feedback on the services you received from Military OneSource. Your responses will help improve the services we provide to Service members and military families. A summary of the feedback received will be shared with our counselors, consultants, or coaches, but they will not know who provided the feedback. This survey typically takes ten minutes to complete.*

1. **Rating of the Overall Service Provided by the** Counselor/Consultant/Coach

|  |  |  |
| --- | --- | --- |
| **Domain** | **Question** | **Response** |
| **Satisfaction** |  | Very satisfied | somewhat satisfied | neither satisfied nor dissatisfied | somewhat dissatisfied | very dissatisfied |
| Overall, how satisfied or dissatisfied are you with your experience with Military OneSource? |  |  |  |  |  |
| **Quality** |  | Very high quality | high quality | neither high nor low quality | low quality | very low quality |
| How would you rate the quality of the care that you received?  |  |  |  |  |  |
| **Effectiveness** |  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| How much do you agree or disagree with the following statement? The service I have received helped me to deal more effectively with my problems |  |  |  |  |  |
| **Recommend to a colleague** |  | Highly likely | likely | not sure | unlikely | very unlikely |
| How likely is it that you would recommend Military One Source to a friend or colleague? |  |  |  |  |  |

1. **Rating of the Counselor/Consultant/Coach**

*Please rate the extent to which you agree or disagree with the following statements. Select one response per row.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not Applicable |
| My counselor/consultant/coach showed interest in my questions and concerns |  |  |  |  |  |  |
| My counselor/consultant/coach listened to me carefully. |  |  |  |  |  |  |
| My counselor/consultant/coach spent enough time with me. |  |  |  |  |  |  |
| I left my session with all of my questions answered. |  |  |  |  |  |  |
| My counselor/consultant/coach was knowledgeable in the area of my specific concern. |  |  |  |  |  |  |
| My counselor/consultant/coach provided the services I needed. |  |  |  |  |  |  |
| My counselor/consultant/coach understood military culture. |  |  |  |  |  |  |

*In addition to the* Counselor/Consultant/Coach*, did you interact with a Vendor Point of Contact, such as Triage Consultant, Consultant Supervisor, or Call Center Supervisor?*

* Yes
* No
* I don’t know

[**IF 3 = NO, DON’T KNOW, SKIP TO 4].**

1. **Vendor Point of Contact Ratings**

*Please rate the extent to which you agree or disagree with the following statements regarding the specific qualities of the Vendor Point of Contact (POC) (Regional Support Coordinator, Regional Supervisor, or Team Lead) during the assignment. Select one response per row.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not Applicable |
| The Vendor POC communicated effectively. |  |  |  |  |  |  |
| The Vendor POC coordinated assignment transitions effectively. |  |  |  |  |  |  |
| The Vendor POC addressed my needs adequately. |  |  |  |  |  |  |
| The Vendor POC responded to the needs of the program. |  |  |  |  |  |  |

1. **Free Text Feedback** (Please do not include any personally identifiable information)

*Please tell us anything else we should know about your experience (positive or negative). We appreciate any detail you can provide, especially if our service was less than satisfactory. You will help us to learn and improve. Please be assured that your responses are kept confidential and will not be attributed to individuals.*

**Closing**

*Thank you for sharing your feedback. Your responses will help us improve the quality of our programs and services.*