

AGENCY DISCLOSURE NOTICE

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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?					

2. 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].

3. 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.						

4. 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.