https://survey.foreseeresults.com/store/controller?id=dwwec8v&locale=en&cpp%5btype%5d=grcode&reload=1

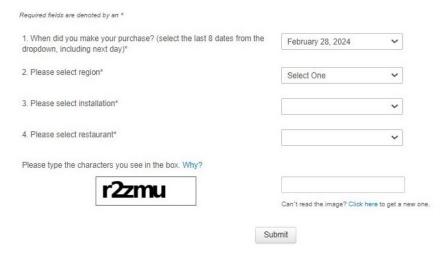
Landing Page drop downs:



Thank you for participating in our customer satisfaction online survey. Your opinions are very important to us.

OMB CONTROL NUMBER: 0704-0553 OMB EXPIRATION DATE: 05/31/2025

AGENCY DISCLOSURE NOTICE: The public reporting burden for this collection of information, OMB Control Number 0704-0553, is estimated to average 3 minutes as appropriate per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.



Note: Landing page- drop down details

- Once the region is selected, the second layer populates installation locations.
- Once the installation is selected, the third layer populates restaurant locations.
- See accompanying Excel document for drop down lists.

FEEDBACK SURVEY

1.	What is your overall satisfaction with your visit to this restaurant? 1=Very Dissatisfied 2 3 4 5 = Very Satisfied
2.	How likely are you to visit this restaurant in the future? 1=Very Unlikely 2 3 4 5 = Very Likely
3.	How likely are you to recommend this restaurant to others? 1=Very Unlikely 2 3 4 5 = Very Likely
4.	Please describe your type of visit. Dine In Carry Out Delivery
5.	How well did the restaurant's cleanliness meet your expectations? 1=Fell Short 2 3 4 5 = Exceeded
c	

6. How well did the service during your visit meet your expectations?

Custo	omer Feedback on Marine Corps Community Services (MCCS) Food and Beverage Activities
	1=Fell Short 2 3 4 5 = Exceeded
7.	How well did the menu options meet your nutritional needs? 1=Fell Short 2 3 4 5 = Exceeded
8.	How were your nutritional needs not met (that is, what specific nutritional needs were not met)? Do not include Personally Identifiable Information.
9.	Please rate the presentation of your order. 1=Fell Short 2 3 4 5 = Exceeded
10	Please rate the overall value of your order for the price. 1=Poor Value 2 3 4 5 = Excellent Value
11.	. Is the menu priced affordably for your budget? Yes

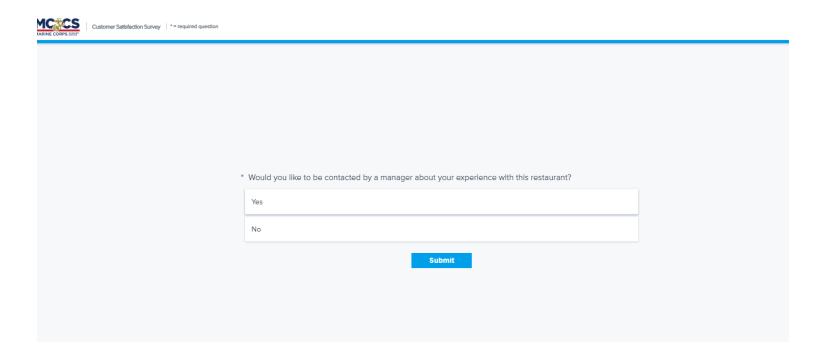
Note: Open ended question (last question) provides instruction to not include PII.

No

MCCS MARINE CORPS SIMPLES	Customer Satisfaction Survey	* = required question			_
			Please share any additional feedback. Do not include Personally Identifiable Information.		
			,		
			Next	1024 Characters Remaining	

Note for, "Would you like to be contacted by a manager about your experience?"

- If yes the respondent will receive a 'follow up' page (see page4).
- If no the respondent will receive a 'thank you' page (see page 5).



If the respondent selects "yes" to being contacted, they receive the following:

MCCCS Customer Satisfaction Survey					
	Thank you for participating in our survey!				
	Based on your feedback, we could have done better.				
	Please complete the bel contacted by someone r goal is to make sure you your				
	First Name	Last Name			
	Џоhn	Smith			
	Email Address example@example.com Confirm Email Address example@example.com				
	Phone Number	Phone Number My preferred contact method is:			
	XXX - XXX - XXXX	& Phone	⊠ Email		
	Please confirm yo	ou would like us to contact you:			
	Skip	Confirm			

If the respondent selects "no" to being contacted, they receive the following:

