



**52 CES/CEAC  
Housing Office  
Spangdahlem AB, Germany**

*Your feedback is critical to ensure we are meeting our customer service goals.  
Thank you for taking the time to complete this feedback.*

Date of Visit: \_\_\_\_\_ Customer Service Clerk: \_\_\_\_\_

What was your waiting time? \_\_\_\_\_

Was Government housing available upon your arrival? \_\_\_\_\_

*\*\* Please place a check mark in the box of your choice\*\**

*Outstanding    Excellent    Satisfactory    Marginal    Unsatisfactory*

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Were personnel courteous and knowledgeable?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were your questions clearly answered to your satisfaction?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were housing entitlements clearly explained (TLA, MIHA, OHA)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall, your care and service this visit was?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments:

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(Optional) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please deposit form in customer feedback box at entrance.**

