

Community Ctr.

Your name _____ Address _____
City _____ State _____ Zip _____ Phone#(H) _____
Phone#(W) _____ E-mail _____

Please indicate your age: Less than 16 16-18 19-20 21-25 26-29
30-34 35-39 40-44 45-49 50-54 55-60 61-64 65-70 70+

Are you: Male Female

What is your marital status? Single Single w/children Married
Married w/children Separated Divorced Divorced w/children
Widowed

What is your ethnic background? White/Anglo Saxon Black/African
Asian Hispanic Indian Arabic Eskimo/Inuit Native American
Hawaiian/Pacific Islander Other: _____

What is your affiliation with Ft. Monmouth? Military DoD Civilian
Contractor Retiree

What is your job title? _____

Are you a new/repeat customer? New Repeat

How would rate our staff? Excellent Very Good Good Fair Poor

How would you rate our service quality? Excellent Very Good Good
Fair Poor

How would you rate our services on their price vs. Value? Excellent Very Good
Good Fair Poor

What should we continue doing to provide our quality services to you? _____

Are there any changes we could make in our services to better serve you? _____

How would you rate our equipment? Very Good Good Neither Good nor Poor
Poor Very Poor

Would you purchase our equipment/services again? Yes Maybe No

How would you rate the cleanliness of our facility? Exceed Your Expectations
Met Your Expectations Not Meet Your Expectations

Was the facility layout up to your expectations? If not could you suggest some
improvements? _____

How would you rate your overall experience at our facility? Excellent Very Good
Good Fair Poor

General Comments: _____

