Ombudsman Information Survey 2008

Name_____ Birthday_____
Rank_____
Spouse's Name_____ Birthday_____
Address_____
Home Phone_____ Cell Phone_____
Home Email Address_____

Children	Birthday
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you want to be contacted with information from the Ombudsman Y N

Circle the following items that you would like more information about:

Tri-care Prime Remote **United Concordia Dental** **USO Events**

Work Life **Morale Events** **Newsletters** **Special Needs Program**

Community Events **Community Service Opportunities**

Are you interested in getting together regularly? **Y** **N**

Circle One: **Monthly** **Quarterly** **Yearly** **Not at all**

What was something that you have enjoyed doing or benefited from at your previous unit(s)?

_____
_____
_____
_____

Do you have questions or need further information on the Ombudsman's role?

_____
_____
_____

THIS INFO WILL BE USED FOR OFFICIAL USE ONLY (FOUO).