



RETIREE SERVICES DESK –  
Customer Satisfaction Survey

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1. Which Retiree Services Desk did you contact? \_\_\_\_\_

2. Check the type of referral which you sought assistance for:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Casualty Assistance   | <input type="checkbox"/> Veteran Crisis Hotline      | <input type="checkbox"/> VOW Act / 2 <sup>nd</sup> Career | <input type="checkbox"/> Medals / Awards         |
| <input type="checkbox"/> CG Newsletter         | <input type="checkbox"/> VA Offices                  | <input type="checkbox"/> Widow Assistance                 | <input type="checkbox"/> Space A Travel          |
| <input type="checkbox"/> DD-214                | <input type="checkbox"/> VA Medical Facilities       | <input type="checkbox"/> State Veteran Homes              | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> DEERS Service Offices | <input type="checkbox"/> Veteran Centers             | <input type="checkbox"/> Retiree Pay                      | <input type="checkbox"/> Emergency Hotline       |
| <input type="checkbox"/> DoD Facilities        | <input type="checkbox"/> National Cemeteries         | <input type="checkbox"/> Mutual Assistance                | <input type="checkbox"/> Exchange / Commissary   |
| <input type="checkbox"/> DoD Local Events      | <input type="checkbox"/> Coast Guard Benefits        | <input type="checkbox"/> Transition Assistance            | <input type="checkbox"/> Retiree Forms           |
| <input type="checkbox"/> DoD Services          | <input type="checkbox"/> Record Correction           | <input type="checkbox"/> TRICARE                          | <input type="checkbox"/> USOs                    |
| <input type="checkbox"/> Survivor Assistance   | <input type="checkbox"/> Retiree Appreciation Days   | <input type="checkbox"/> Pharmacy                         | <input type="checkbox"/> MWR                     |
| <input type="checkbox"/> Legal Referrals       | <input type="checkbox"/> Survivor Benefit Plan / SBP | <input type="checkbox"/> Tax Referrals                    | <input type="checkbox"/> Other                   |

If other \_\_\_\_\_

3. Did the referral service meet your needs?  Yes  No

If no, please explain

\_\_\_\_\_

4. Was the Retiree Services Desk location convenient to visit?  Yes  No

If no, please explain

\_\_\_\_\_

5. What other services would be helpful to retirees and their families?

\_\_\_\_\_

6. How did you hear about the Retiree Services Desk?

\_\_\_\_\_

7. Do you have any other additional comments or suggestions?

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