**DLA TROOP SUPPORT (SUBSISTENCE) PROGRAMS CUSTOMER SATISFACTION SURVEY**

**This short survey is a tool to help measure the overall success of DLA Troop Support’s Subsistence Programs. It is not to replace your normal communications with your DLA Troop Support contact point or your Prime Vendor representatives. Please take the time to respond to the following questions so we can ensure that our Subsistence support stays on track and meets the needs of you, our valued customer. Please respond by \_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FACILITY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DODAAC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME IN CURRENT JOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NUMBER FED PER MEAL: \_\_\_\_\_\_\_\_\_\_\_\_\_ DATE COMPLETED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RESPONDENT’S TITLE: (Circle One) Dining Facility Manager Food Service Manager Ordering Manager Installation Food Advisor Chief Nutritionist Other**

**Please enter the number for each question using the most appropriate scale description:**

 **Excellent Very Good Acceptable Poor Unacceptable Not-Applicable**

 **No Problems Problems occur rarely Problems occur occasionally Problems occur frequently Problems occur daily \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **5 4 3 2 1 N/A**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question****Contract Number:****Vendor:** | **Prime Vendor****\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_** | **Produce** **\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_** | **Dairy** **\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_** | **Bread** **\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_** | **Soda** **\_\_\_\_\_\_\_\_\_\_\_** **Coke / Pepsi** |
|  **1. Overall fill rates are:** |  |  |  |  | **/** |
|  **2. Special Items and exercise support are handled effectively:** |  |  |  |  | **/** |
|  **3. Emergency orders are filled in a timely manner:** |  |  |  |  | **/** |
|  **4. I was given adequate time and notice on NIS items and recommended substitutions:** |  |  |  |  | **/** |
|  **5. Vendor packaging is consistent with my needs:** |  |  |  |  | **/** |
|  **6. I consider the number of Prime Vendor representative visits to be:** |  | **N/A** | **N/A** | **N/A** | **N/A** |
|  **7. Vendor resolves issues in a timely manner:** |  |  |  |  | **/** |
|  **8. DLA Troop Support Subsistence personnel Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **is (are) responsive to my needs:** |  |  |  |  | **/** |
|  **9. New products can be added to the Vendor catalog in a timely manner:** |  |  |  |  | **/** |
| **10. Deliveries arrive within my agreed upon time window :** |  |  |  |  | **/** |
| **11. Rate the condition of the delivery vehicle:** |  |  |  |  | **/** |
| **12. Rate product quality/condition:** |  |  |  |  | **/** |
| **13. Overall my service is:** |  |  |  |  | **/** |
| **14. Additional Comments and Concerns (favorable or unfavorable.) We ask especially that you comment on individual ratings of 1 – Unacceptable or 2 - Poor. Thank you.**  |