

GA National Guard – HRO Survey – We Want To Know!									
Your comments are important to us...Please fill out and return to HRO									
Office Visited:			Date of Visit:						
Day:	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>		
Reason for Visit:									
Person Providing Service:									
Comments about our Staff, Service, or Office:									
Please Rate the Following:			Poor		Fair		Excellent		
➤ Timeliness of Service	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>				
➤ Quality of Service	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>				
➤ Courtesy of Staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>				
➤ Knowledge of Staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>				
Based on your experience today, if you had a choice, would you use our service again?				Yes <input type="checkbox"/>		No <input type="checkbox"/>			
If you were personally paying for our service, would you do business with us again?				Yes <input type="checkbox"/>		No <input type="checkbox"/>			
Name: (Mr. Mrs. Ms. Rank)									
Please provide us with the following information if you would like a response									
Address or e-mail:									
City:			State:			Zip:			
Phone Number:	Day:			Evening:					

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