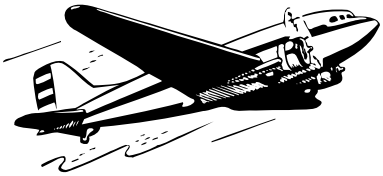
STATE TRAVEL OFFICE
COMMENTS/COMPLAINTS/SUGGESTIONS



All information gathered will be reviewed to determine where changes can be implemented to improve services. Please check the response that most closely corresponds to your opinion on the scale adjacent to each item.

	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
1. Overall Rate for Level of Service	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
1. Calls Returned Promptly	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. Communicates Information Adequately	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. Friendly and Pleasant Tone	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. Request Processed Timely	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. Meets Your Agency's Needs	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. Fully Explains Reasons for Responses	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. Approvals Processed Timely	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. Informative Web-Site	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. Informative Travel Policy Manual	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7. Notification of Travel Changes are Adequately Provided	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8. Contract Airfares are Valuable for Your Department	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9. Interested in Having a Travel Training Class at Your Department?			☐ Yes	☐ No	

COMMENTS/COMPLAINTS/SUGGESTIONS:

*Your Email Address: _____

(***Required if you are Submitting form**)

PREFERRED BUT OPTIONAL:

Name: _____

Agency Name: _____ Phone Number: _____

Please FAX completed form to 225-342-8688

or Click Submit button below

Submit