

COMMENT FORM



Time of day _____

Date _____

Name of Employee providing service (if applicable):

Please check one:

	EXCELLENT	GOOD	FAIR	POOR
OVERALL SERVICE				
DELIVERY				
ON TIME				
HELPFUL				
FRIENDLY				
QUALITY OF PRODUCTS				
PACKAGING				

Additional comments;

Optional, but welcome. We will answer you.

Name:	
Unit/Address	
City	
Phone	

INSTRUCTIONS In an effort to improve service, we are first seeking to improve communication by asking for your input both positive and negative. Upon delivery you are requested to:

- 1) Complete this form
- 2) Give the original to the Valley Foods driver
- 3) Send a copy to USPFO for Ohio via fax or email (see below)

Fax or email completed form to CW2 Beverly Zwayer

Fax: 614-447-6546

Email: beverly.zwayer@us.army.mil

Valley Foods, Inc. Youngstown, Ohio 44503, 800-228-4053