



Homeland Security

Office of Intelligence and Analysis

Customer Feedback Form

Product Title: ~~(U//FOUO)~~ 5G, COVID-19 Conspiracy Theories Inciting Attacks Against Communications Infrastructure

All survey responses are completely anonymous. No personally identifiable information is captured unless you voluntarily offer personal or contact information in any of the comment fields. Additionally, your responses are combined with those of many others and summarized in a report to further protect your anonymity.

1. Please select partner type: and function:

2. What is the highest level of intelligence information that you receive?

3. Please complete the following sentence: "I focus most of my time on:"

4. Please rate your satisfaction with each of the following:

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied	N/A
Product's overall usefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Product's relevance to your mission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Product's timeliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Product's responsiveness to your intelligence needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How do you plan to use this product in support of your mission? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Drive planning and preparedness efforts, training, and/or emergency response operations | <input type="checkbox"/> Initiate a law enforcement investigation |
| <input type="checkbox"/> Observe, identify, and/or disrupt threats | <input type="checkbox"/> Intiate your own regional-specific analysis |
| <input type="checkbox"/> Share with partners | <input type="checkbox"/> Intiate your own topic-specific analysis |
| <input type="checkbox"/> Allocate resources (e.g. equipment and personnel) | <input type="checkbox"/> Develop long-term homeland security strategies |
| <input type="checkbox"/> Reprioritize organizational focus | <input type="checkbox"/> Do not plan to use |
| <input type="checkbox"/> Author or adjust policies and guidelines | <input type="checkbox"/> Other: <input type="text"/> |

6. To further understand your response to question #5, please provide specific details about situations in which you might use this product.

7. What did this product not address that you anticipated it would?

8. To what extent do you agree with the following two statements?

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
This product will enable me to make better decisions regarding this topic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This product provided me with intelligence information I did not find elsewhere.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How did you obtain this product?

10. Would you be willing to participate in a follow-up conversation about your feedback?

To help us understand more about your organization so we can better tailor future products, please provide:

Name: <input type="text"/>	Position: <input type="text"/>
Organization: <input type="text"/>	State: <input type="text"/>
Contact Number: <input type="text"/>	Email: <input type="text"/>



[Privacy Act Statement](#)