

CLASSIFICATION:



Homeland Security

Office of Intelligence and Analysis

Customer Feedback Form

Product Title:

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: Select Oneand function: Select One

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

 Select One3. Please complete the following sentence: "I focus most of my time on:" Select One

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	☐	☐	☐	☐	☐	☐
Product's relevance to your mission	☐	☐	☐	☐	☐	☐
Product's timeliness	☐	☐	☐	☐	☐	☐
Product's responsiveness to your intelligence needs	☐	☐	☐	☐	☐	☐

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

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

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.	☐	☐	☐	☐	☐	☐
This product provided me with intelligence information I did not find elsewhere.	☐	☐	☐	☐	☐	☐

9. How did you obtain this product? Select One

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

 Yes

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

Name: Position: Organization: State: Contact Number: Email:
Submit Feedback
[Privacy Act Statement](#)

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Product Serial Number:

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