CIF INPROCESSING EVALUATION
(AR 710-2 & DA PAM 710-2-1)

The purpose of this evaluation is to improve service to the individual soldier. Answering of questions is optional.

Date signed in at Fort Hood: _____

1. How would you rate our operation on an overall basis? (Check one)
   ☐ EXCELLENT ☐ GOOD ☐ AVERAGE ☐ FAIR ☐ POOR

2. How would you rate the following? (Check one)
   Check Out Speed/Efficiency: ☐ EXCELLENT ☐ GOOD ☐ AVERAGE ☐ FAIR ☐ POOR

   Employee Courtesy: ☐ EXCELLENT ☐ GOOD ☐ AVERAGE ☐ FAIR ☐ POOR

3. Were you treated courteously? ☐ YES ☐ NO (Check One)
   If NO, please indicate where you feel the problem area exists:

4. Was your issue complete on the first visit? ☐ YES ☐ NO (Check One)
   If NO, explain why:

5. Were your questions concerning procedures answered promptly and courteously?
   ☐ YES ☐ NO

6. If any employee was especially helpful, please identify who they were and how they were helpful so that we can show our

   NAME:_____

   COMMENTS:_____

7. Additional comments on how to improve this operation are solicited:

NAME RANK UNIT

SIGNATURE DATE