

**DEPARTMENT OF ENERGY (DOE)**  
**CAPITAL ACCOUNTING CENTER (CAP CENTER)**  
**PERMANENT CHANGE OF STATION (PCS) SURVEY**  
**(to be completed by travelers)**

This customer survey is one of the quality efforts being conducted by the CAP Center for continuous improvement in providing better service to our customers. To help us in this endeavor, we would appreciate if you would personally complete this questionnaire. Please be frank and honest in your responses. If you need more space to fully explain an answer or wish to include additional information, a comment section is provided at the end of the questionnaire.

Please return this completed questionnaire to:

Capital Accounting Center  
P.O. Box 500  
CR-53, Travel Division  
Germantown, MD 20874-1290

or fax (202) 354-5424

1. When receiving your initial information packet to fill out, was it clear and easy to understand? Y    N

If no, how can we make it clearer? \_\_\_\_\_  
\_\_\_\_\_

2. Were your entitlements for your move explained to you? Y    N

If no, please explain. \_\_\_\_\_  
\_\_\_\_\_

3. If you had any questions regarding your PCS move, were you able to obtain clarification from our staff? Y    N

If yes, whom did you contact? (i.e. CAP Center Travel Division personnel or CAP Center Customer Service personnel) \_\_\_\_\_  
\_\_\_\_\_

Did you reach a person or did you leave a message on voice mail?

\_\_\_ Spoke with person      \_\_\_ Left message

If you left a message, how long did it take to respond to your message?

\_\_\_ hours      \_\_\_ days

4. Did you utilize DOE's third party relocation contractor for the sale and/or purchase of a residence? Y N
- Were you satisfied with the service? Y N
- If no, please explain. \_\_\_\_\_  
\_\_\_\_\_.
5. Were your household goods moved? Y N
- Who moved your household goods?   \_\_\_ DOE  
                                                      \_\_\_ DOE's third party relocation contractor
- Were you satisfied with the service? Y N
- If no, please explain. \_\_\_\_\_  
\_\_\_\_\_.
6. Was everything explained to you, as far as, what would be an additional cost? (i.e. extra pick-up, extra delivery, appliance services.) Y N
- If no, how could we make sure that you are informed of any additional costs? \_\_\_\_\_  
\_\_\_\_\_.
7. Did you use your government issued travel charge card to get an advance? Y N
- If yes, was it convenient?
- If no, what problems did you have? \_\_\_\_\_  
\_\_\_\_\_.
8. Did you require assistance in preparation of your travel voucher? Y N
- If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_.
- Were you informed of where to send your PCS vouchers for reimbursement? (i.e. househunting trip, travel-in, temporary quarters, real estate, RIT) Y N
- If deductions were made on your voucher, was there sufficient explanation? Y N
- If no, how can we make it more clear? \_\_\_\_\_  
\_\_\_\_\_.

Was your voucher paid within an adequate time frame? Note: Current turnaround time is 10 working days from receipt by CAP Center. Y N

Within how many days was it paid? \_\_\_ 1-5 \_\_\_ 1-10 \_\_\_ over 10

Did you receive a remittance letter stating the amount of payment you should receive? Y N

If no, how did you find out the amount of payment? \_\_\_\_\_  
\_\_\_\_\_.

9. Overall, please rate the service that you have received from the CAP Center...

1 <i>Never</i>	2	3	4	5	6	7	8	9	10 <i>Always</i>
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Responsive \_\_\_\_\_ Courteous \_\_\_\_\_  
Knowledgeable \_\_\_\_\_ Professional \_\_\_\_\_  
Other. Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

10. Do you have any recommendations that would improve the service provided by the CAP Center? Y N

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

11. Is there any other service, not currently provided by the CAP Center in relation to PCS, that would be useful to you? Y N

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

12. Other comments. Please use this space for any comments, keying them to the specific question number, when appropriate. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

13. Optional:  
NAME: \_\_\_\_\_  
ORGANIZATION: \_\_\_\_\_  
PHONE: \_\_\_\_\_