State of Alaska Measurement Standards Personnel Feedback Form



Interaction Information

Business Name:	
Your Name:	
Location:	
Interaction Type:	Interaction Date:
Phone No. / Email:	

Feedback



I	nteraction Rating	1 = Poor 2 = Disappointing 3 = Acceptable 4 = Good 5 = Excellent				
		1	2	3	4	5
1.	Courtesy of Weights & Measures employee?					
2.	Courtesy of others you may have had contact with?					
3.	Were questions answered to your satisfaction?					
4.	Was the information provided clear and concise?					
5.	Has your issue been addressed in a timely manner?					

We value your opinion and want to hear from you.

Please feel free to call us to discuss your concerns: (907) 365-1210 Please email completed forms to: dot.weights.measures@alaska.gov

You may also MAIL completed forms to:

State of Alaska MS/CVC Attn: Chief, Weights & Measures 12050 Industry Way Bldg. O #6 Anchorage, AK 99515