Tower Air Traffic Control Facility Aircrew Quality Of Service Questionnaire

Please evaluate our services by completing this survey. Support your opinion in the "comments" box. Thank you for your support and feedback!

(See below for submission instructions...)

	Comments/Remarks If "Not Applicable" please state "N/A"
Control Instructions	
Handled in a timely manner? The state of the state	
Thorough and professional?	
Automatic Terminal Information System (ATIS):	
Timely, Accurate and Concise?	
Additional information	
Traffic and boundary calls	
Timely and useful?	
Issued in proper phraseology format?	
Concise, clear and "to the point?"	
Excessive or "unnecessary?"	
Overall Service:	
Expeditious?	
Complete and accurate	
Was there "clipping" or "broken" transmissions?	
Coordination:	
Was real-time coordination provided?	
Did you receive prompt action?	
Additional Comments/Suggestions:	

Providing your name, date	time you fle	w along with your duty phone is of course or	otional but
			Juliai, but
can be useful for any follo	w-up questio	ns/comments that you have indicated.	
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If you would like a response to this survey, please indicate below:

Rank and Name:

Date, time and mission call-sign:

E-mail address:

Work telephone:

Please E-mail or FAX this survey to:

Air Traffic Controller Tower Control Facility

Office: 277-2121

Thank You For Your Time!