



DEPARTMENT OF THE ARMY  
U.S. ARMY COMBINED ARMS CENTER  
OFFICE OF THE STAFF JUDGE ADVOCATE  
MCCLELLAN AVENUE  
FORT LEAVENWORTH, KANSAS 66027-2313

13 Dec 2011

Dear Claimant:

To better serve you and future claimants, I ask you to take a few moments to complete the survey below. You may mail the form to my attention to the address shown above, return it to my office or return it to the Claims Office. Completion of this survey does not constitute a request for a reconsideration of your claim. Thank you for your assistance in helping us serve you better.

Sincerely,

Fred P. Taylor  
Colonel, U.S. Army  
Staff Judge Advocate

**I. Notification of Loss/Damage to Transportation Service Provider (TSP)**

Notification was handled by: (please circle) Jenny Scrimsher Mary Manderscheid Gary Hyder

1. Were you treated in a courteous and friendly manner? YES NO

2. Were the instructions in the Claims Packet understandable and clear enough to properly complete the claim forms YES NO

3. Were the claim examiner helpful with assisting you in sending your notification to the TSP? YES NO

4. Did the TSP provide any written guidance on filing a claim? YES NO

**II. Claim Processing through TSP**

Claim intake was provided by: (please circle) Jenny Scrimsher Mary Manderscheid Gary Hyder

1. Did the TSP inform you, or were you aware, that the TSP had to get estimates of repair? YES NO

2. Was your claim processed in a timely manner? YES NO

3. Was your claim settled fairly? YES NO

4. Did the carrier replace old items that were lost or destroyed with new items?	YES	NO
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5. If your claim has been paid, how long did it take from filing to receipt of payment?		
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6. Were you given a satisfactory explanation for how the amount allowed for each line item was calculated?	YES	NO
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7. If you were not paid the full amount you requested, was the reconsideration process explained to you?	YES	NO
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<b>III. Claim Processing through Military Claims Office (MCO)</b>
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Claim intake was provided by: (please circle) Jenny Scrimsher Mary Manderscheid Gary Hyder
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1. Was your claim processed in a timely manner?	YES	NO
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2. Was your claim settled fairly?	YES	NO
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3. If your claim has been paid, how long did it take from filing to receipt of payment?		
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4. Were you given a satisfactory explanation for how the amount for each line item was calculated?	YES	NO
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5. If you were not paid the full amount you requested, was the reconsideration process explained to you?	YES	NO
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Please rate your overall satisfaction with the claims process and service provided: (please circle)	Excellent	Good	Fair	Poor
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Do you have any remarks or suggestions on how we can improve our services? (use back of the survey if necessary.)

Please comment on your overall experience with the Full Replacement Value Program and DPS.

If you would like the Staff Judge Advocate to contact you regarding the services provided, please provide your name, address and telephone number.