



WASHINGTON STATE FUSION CENTER

Product / Service Survey

INSTRUCTIONS: Please complete Sections 1 through 7 and return completed form as an email attachment to wscfeedback@wsp.wa.gov or via fax to: Washington State Fusion Center, 206.262.2014

1. Today's date:		WSFC Tracking Number:	
2. Product Title:	<i>If other, please specify</i>		Product Date:

3. Check the box for the choice that best describes your position	
a. <input type="checkbox"/> Washington Fusion Center CIKR Member Infrastructure Sector:	d. <input type="checkbox"/> Law Enforcement Officer Federal/State/Local:
b. <input type="checkbox"/> Critical Infrastructure Liaison	e. <input type="checkbox"/> Intelligence Community Analyst
c. <input type="checkbox"/> Fusion Liaison Officer	f. <input type="checkbox"/> Other: (Please specify)

4. How many years of experience do you have working primarily with critical infrastructure protection-related issues:	0-1 <input type="checkbox"/>	2-5 <input type="checkbox"/>	6-9 <input type="checkbox"/>	10+ <input type="checkbox"/>
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5. How did you receive the Fusion Center Product?	Direct Email <input type="checkbox"/> Forwarded Email <input type="checkbox"/> NWWARN <input type="checkbox"/> Hard Copy <input type="checkbox"/> Other <input type="checkbox"/>
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6. Select one of the choices to the right in response to the statements below by checking the appropriate box.	N/A	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. This product reached me in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The product addresses an anticipated event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The product contains appropriate contextual background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I believe the product(s) is accurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I believe the producer of the product is credible and trustworthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. This product motivated me to take concrete actions, e.g., affected operations or policy decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. This product provided me with CIP-related information I do not get from any other source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Overall, I am satisfied with this product.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What comments or suggestions do you have, if any, about improving the products and services offered by the Washington State Fusion Center?

Optional: Name/Contact Information	
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Thank you for your assistance as we strive to improve our products and processes.