



# 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](mailto:wscfeedback@wsp.wa.gov) or via fax to: Washington State Fusion Center, 206.262.2014

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

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

<b>4. How many years of experience do you have working primarily with critical infrastructure protection-related issues:</b>	0-1 <input type="checkbox"/>	2-5 <input type="checkbox"/>	6-9 <input type="checkbox"/>	10+ <input type="checkbox"/>
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<b>5. How did you receive the Fusion Center Product?</b>	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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<b>6. Select one of the choices to the right in response to the statements below by checking the appropriate box.</b>	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"/>

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

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