

# MEOCS REQUEST FORM (PLEASE TYPE)

**NOTES:** - We will provide enough answer sheets to complete the MEOCS; however, we only provide one copy of the survey booklet. It is the organization's responsibility to reproduce the survey booklets required.  
 - For organizations with more than 100 personnel: Please aim for a response rate of at least 50% of the organization's total strength.  
 - For organizations with 50-100 personnel: we need at least 50 responses in order to process your MEOCS.  
 - For organizations with less than 50 personnel: unless we have advised otherwise, please mark the Small Unit Survey Block in part 13 below. Also, we need at least 7 responses to process a SUEOCS.

1. Grade of requesting commander/organizational head (O-3, O-6, GS-11, SES-4, etc.): \_\_\_\_\_
2. Organization's strength (PRESENT NUMBER OF PEOPLE ASSIGNED): \_\_\_\_\_
3. Organization's present location -- State, Country, Area -- (EXAMPLES -- KENTUCKY, JAPAN, GERMANY, PACIFIC): \_\_\_\_\_
- 4a. Branch of service (CIRCLE ONE):    **USAF**    **USA**    **USCG**    **USMC**    **USN**    **DoD/Joint Service**    **Federal Civilian**    **Other:** \_\_\_\_\_
- 4b. Service Component (CIRCLE ONE):    **Active Duty**    **Reserve**    **National Guard**    **Other:** \_\_\_\_\_
5. You will administer MEOCS to (CIRCLE ONE):    **Military Only**    **Civilian Only**    **Both Military & Civilian**
6. Organization's major command -- MACOM, MAJCOM (EXAMPLES -- TRADOC, CG DISTRICT 2, PACFLEET, AMC): \_\_\_\_\_
7. Organization's Unit Identification Code (UIC) (PAS code for USAF): \_\_\_\_\_
8. Organization's mission (CIRCLE ONE):    **Combat**    **Combat Support**    **Other Support**
9. Commander's title, Organization's name and Official address:  
 (EXAMPLE -- See Our Mailing Address Below -- Item #15) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Survey administrator -- Rank and Name: \_\_\_\_\_ DSN Phone Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Commercial Phone Number: \_\_\_\_\_
11. Has the organization taken MEOCS before?    **No**    **Yes**    **Date or Dates:** \_\_\_\_\_

12. Organization's (Present Assigned Strength) Demographics (Please fill in the table below):

	MALE			FEMALE		
	OFFICER	ENLISTED	CIVILIAN	OFFICER	ENLISTED	CIVILIAN
<b>MAJORITY</b>						
<b>MINORITY</b>						
<b>TOTALS</b>						

**"MINORITY"** Includes the following racial/ethnic groups: Black/African-American, Hispanic, Asian-American/Pacific Islander, & Native-American/Alaskan-Native. **"MAJORITY"** Includes those not in the groups listed above.

13. Please indicate which version of MEOCS you would like to request; short descriptions of each can be found on the reverse side of this form:

Standard MEOCS (2.3)	MEOCS-LITE	Small Unit (SUEOCS)
Std. MEOCS Male Only (2.3 M)	MEOCS-EEO	

14. Commander's/Organizational Head's signature: \_\_\_\_\_ **Signature:** \_\_\_\_\_

**NOTE: The requesting commander must sign the request.**

**Rank & Name:** \_\_\_\_\_

15. Mail the request to: Commandant DEOMI/DR (MEOCS)  
 740 O'Malley Road, MS 9121  
 Patrick AFB, FL 32925-3399
- E-Mail POC at DEOMI: calvin.brown@patrick.af.mil  
 DEOMI Internet address: www.patrick.af.mil/deomi/deomi.htm

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**Our phone number is:    DSN 854-2675 or Commercial (321) 494-2675.**  
**Our FAX number is:    DSN 854-4116 or Commercial (321) 494-4116.**  
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Revised 17 Sep 1997

FOR DEOMI USE ONLY

ADMIN NUMBER	REC'D REQUEST DATE	SENT SURVEYS DATE	REC'D COMPLETED FORMS DATE	SENT FINAL RPT DATE	NUMBER OF FORMS REQUESTED	NUMBER OF FORMS SENT
SITE NUMBER :	#FORMSRECEIVED	MISC INFO:				