

CUSTOMER SERVICE QUESTIONNAIRE

Dear Customer,

Our goal is to provide the best service possible. Please take a few minutes to complete this questionnaire. Your comments will enable us to see how we are doing overall and improve any areas which may need improvement. When filled out, deposit in comment box on the 2<sup>nd</sup> floor at the County Administrative Center, Public Counter.

PLEASE TELL US HOW WE'RE DOING				
INSIDE THE OFFICE	EXCELLENT	VERY GOOD	GOOD	POOR
Staff courteous and helpful				
Staff quick and efficient				
Explanations and instructions clear				
<b>TELEPHONE ANSWERING</b>				
Timely response				
Receiving information or answers				
<b>PLAN CHECK</b>				
Checker courteous and helpful				
Pre-submittal meeting set and held in a timely manner				
Checker had frequent contact				
Checker able to answer questions and deal with issues				
<b>OVERALL PERFORMANCE</b>				
What would you say is our overall performance?				
Is there a staff person you would like to commend?	STAFF'S NAME:			
<b>COMMENTS:</b>				
NAME (Optional)	BUSINESS PHONE NUMBER ( )		DATE	