

CUSTOMER SATISFACTION SURVEY

HOW WELL ARE WE SERVING YOU?

We want to serve you well.

Your responses to these questions will make a difference!

<u>SURVEY ITEMS</u>	<u>RATING SCALE</u>
Please read each item then <i>circle one of the numbers</i> on the scale to give your rating of the item. Thank you.	Poor <<<< >>>> Excellent 1 2 3 4 5 6
1. How do you rate the courtesy of the staff members who served you at the counter?	(Circle <i>one</i> number below.) 1 2 3 4 5 6
2. How do you rate the willingness of the staff members at the counter to listen to you?	1 2 3 4 5 6
3. How do you rate the “user-friendliness” of the counter procedure that you followed?	1 2 3 4 5 6
4. How do you rate the completeness of information you received from staff members?	1 2 3 4 5 6
5. How do you rate the consistency of information you received from different staff?	1 2 3 4 5 6
6. How do you rate the staff member’s knowledge of subject matter to assist you?	1 2 3 4 5 6
7. How do you rate the availability of staff to assist you at the counter when you arrived?	1 2 3 4 5 6
8. How do you rate the timeliness of the services provided for you at the counter?	1 2 3 4 5 6

Please fill in today’s date: _____

Please write your Comments/Suggestions/Complaints/Compliments:

<p>OPTIONAL: Check the box if you have a concern or problem and would like a reply. <input type="checkbox"/></p> <p>Briefly describe your problem in the space above so we can get started working on it. Thanks. <i>Please give us your name, address, and phone so we can make contact with you as soon as possible.</i></p> <p>Name: _____</p> <p>Address/telephone: _____</p>
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