

## CUSTOMER SERVICE QUESTIONNAIRE

Dear Customer,

Our goal is to provide the best service possible after your visit, e-mail or phone call, 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 8<sup>th</sup> floor at the County Administrative Center, 4080 Lemon Street, Riverside, 92501.

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				
TELEPHONE ANSWERING				
Timely response				
Receiving information or answers				
PLAN CHECK				
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				
OVERALL PERFORMANCE				
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	