



Questionnaire for Feedback.

How did we do?

Making your contact with the City pleasant and enjoyable is our goal. Please take a moment to let us know how we are doing. Check (√) only one of the appropriate boxes in each row of the table and provide any additional comments you may have below.

	EXCELLENT	GOOD	AVERAGE	POOR
OUR PEOPLE:				
Listened attentively to your concerns				
Gave courteous, friendly service				
Were helpful and knowledgeable				
Had a professional manner and appearance				
OUR FACILITY:				
Appeared neat and clean				
Provided safe, easy access				
THE DEPARTMENT:				
Showed an understanding of your needs				
Answered your questions satisfactorily				
Delivered the service as advised				

How can we serve you better?

Optional: Do you wish to be contacted about your experience?

Yes: No:

If you answered yes, please print your name and telephone number below.

Name: _____ Phone: _____