



Community Development & Services Agency



Customer Service Questionnaire

*SERVICE IS OUR GOAL
WE WANT TO KNOW HOW WE ARE DOING*

Date of Office Visit / Field Inspection: _____

What was the purpose of your visit?

- | | | |
|---|--|--|
| <input type="checkbox"/> General Information | <input type="checkbox"/> Land Use Info/Application | <input type="checkbox"/> Code Enforcement Activity |
| <input type="checkbox"/> Research Files | <input type="checkbox"/> Field Inspection | <input type="checkbox"/> County Surveyor Information |
| <input type="checkbox"/> Building Department Permit | <input type="checkbox"/> Public Works Permit | <input type="checkbox"/> Environmental Health Permit |
| <input type="checkbox"/> Other _____ | | |

Which department(s) provided you service? (check all that apply)

- | | | | |
|-----------------------------------|-----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Building | <input type="checkbox"/> Planning | <input type="checkbox"/> Public Works | <input type="checkbox"/> Environmental Health |
|-----------------------------------|-----------------------------------|---------------------------------------|---|

Please identify the employee(s) who assisted you: (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Permit Technician | <input type="checkbox"/> Building Inspector | <input type="checkbox"/> Plan Checker |
| <input type="checkbox"/> Engineer/ Engineering Tech | <input type="checkbox"/> Surveyor Personnel | <input type="checkbox"/> Environmental Health Specialist/Tech |
| <input type="checkbox"/> Code Enforcement Officer | <input type="checkbox"/> Planner | <input type="checkbox"/> Community Development Specialist |
| <input type="checkbox"/> Road Maintenance Personnel | <input type="checkbox"/> Manager / Supervisor | <input type="checkbox"/> Administrative Personnel |
| <input type="checkbox"/> Other _____ | | |

Was the County employee(s) courteous & professional? Yes No (please explain)

Approximately how long did you wait to be helped?

- | | |
|---|---|
| <input type="checkbox"/> 0 – 5 minutes | <input type="checkbox"/> 5 – 10 minutes |
| <input type="checkbox"/> More than 10 minutes | <input type="checkbox"/> Field Visit |

Did the employee(s) identify themselves adequately? Yes No

Was the information provided adequate and clear? Yes Somewhat No

How was your overall experience? 😊 😐 ☹️

Additional Comments / Suggestions:
