

Clerk of the Board - Customer Survey Form

The Clerk of the Board's primary objective is to provide quality service in a timely manner. We believe in the concept of continuous improvement, and need your feedback to let us know how we are doing and what we can do better. Please take a moment to respond. We can assure you that all responses to the survey are reviewed.

Date: _____

Based on the scale below, please circle the response that most accurately measures our service.

	5	4	3	2	1
	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
1. I am treated in a helpful and courteous manner.	5	4	3	2	1
2. I am provided with clear and accurate information and/or directed to the appropriate person or department.	5	4	3	2	1
3. The Clerk's Office responds promptly to my service requests.	5	4	3	2	1
4. The Clerk's Office provides me with effective solutions.	5	4	3	2	1
5. My overall experience is positive.	5	4	3	2	1

Please indicate the extent you use our services: __ Often __ Occasionally __ Seldom

Please indicate the name(s) of any staff person you would like to commend:

Comments:

Optional: _____
Name and/or organization

Please See Reverse Side For Supplemental Questions

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SUPPLEMENTAL QUESTIONS

We Welcome Your Comments
Please use an additional sheet, if necessary

1. What do we do well?

2. Do you have recommendations for any service improvements?

3. Did you participate in our survey last year? Yes No

If yes, did you identify an area that needed to be addressed? Yes No
If so, please identify the area:

Please circle the response that best measures our service, based on the reverse side scale:

This area has been improved. 5 4 3 2 1

4. Do you have any other comments you would like to add?

Please return survey to: Clerk of the Board, 10th Floor, 70 West Hedding Street, San Jose, CA 95110
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