



Please tell us.

Date ___/___/___

In the spirit of improvement, we value your comments.

1. The service met the outcome I expected.
 Strongly Agree Agree Neutral Disagree Strongly Disagree
2. The service exceeded my expectations.
 Strongly Agree Agree Neutral Disagree Strongly Disagree
3. The staff or service provided a timely response.
 Strongly Agree Agree Neutral Disagree Strongly Disagree
4. The staff was knowledgeable and competent.
 Strongly Agree Agree Neutral Disagree Strongly Disagree
5. Overall, I am satisfied with the service provided.
 Strongly Agree Agree Neutral Disagree Strongly Disagree

•If you could improve or enhance this service, please tell us how.

•General Comments _____

Building _____
Name/Title (optional) _____

Your satisfaction is very important to us. Completing this form will help us continue to improve our service to you.