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Form approved
OMB Form No. 0917-0036-21
Expiration Date: 5/31/2015

Customer Satisfaction Survey

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PORTLAND AREA DIVISION OF ENVIRONMENTAL HEALTH SERVICES: CUSTOMER SERVICE ASSESSMENT

The Environmental Health Services (EHS) program wants to provide the best services possible. Please take a few minutes to respond to the questions below. Your input helps us set priorities for improvement.

+ Add Question ▼

Q1 Edit Question ▼ Move Copy Delete

*** 1. Tribe or community where you live or where you received services.**

+ Add Question ▼ Split Page Here

Q2 Edit Question ▼ Move Copy Delete

2. Program you work for (if services received through work):

+ Add Question ▼ Split Page Here

Q3 Edit Question ▼ Add Question Logic Move Copy Delete

3. EHS Staff who provided services:

- CDR Karin Knopp
- LCDR Stephanie Coffey
- LCDR Shawn Blackshear
- Ms. Lorna Morgan
- Ms. Alyssa Bernido
- Ms. Holly Thompson
- CDR Nancy Collins
- LT Matthew Ellis
- CDR Celeste Davis
- Other (please specify)

+ Add Question ▼ Split Page Here

Q4 Edit Question ▼ Move Copy Delete

4. When did you receive services?

Date MM / DD / YYYY

+ Add Question ▼

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Quality of Service

+ Add Question ▼

Q5 Edit Question ▼ Add Question Logic Move Copy Delete

* 5. Service or technical assistance met the needs or resolved the issue.

- Yes
- No
- Don't Know

Other (please specify)

+ Add Question ▼ Split Page Here

Q6 Edit Question ▼ Move Copy Delete

*** 6. Assessment, findings, and corrective actions clearly explained.**

	Yes	No	N/A
Please indicate your response by checking the box that represents your view.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

+ Add Question ▼ Split Page Here

Q7 Edit Question ▼ Add Question Logic Move Copy Delete

*** 7. Quality of information, outcome or survey report.**

	Excellent	Good	Average	Fair	Poor
Please indicate your response by checking the box that represents your view.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

+ Add Question ▼

+ Add Page

PAGE 3 Edit Page Options ▼ Add Page Logic Move Copy Delete

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Quality of Staff

+ Add Question ▼

Q8 Edit Question ▼ Add Question Logic Move Copy Delete

*** 8. Professionalism and courtesy of the EHS representative.**

Please indicate your response by checking the box that represents your view.

Excellent	Good	Average	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

+ Add Question ▼ Split Page Here

Q9 Edit Question ▼ Add Question Logic Move Copy Delete

*** 9. Level of understanding and concern shown by EHS staff about the program or issue.**

Please indicate your response by checking the box that represents your view.

Excellent	Good	Average	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

+ Add Question ▼ Split Page Here

Q10 Edit Question ▼ Add Question Logic Move Copy Delete

*** 10. Knowledge and information provided by EHS staff.**

Please indicate your response by checking the box that represents your view.

Excellent	Good	Average	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

+ Add Question ▼

+ Add Page

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Process

+ Add Question ▼

Q11 Edit Question ▼ Move Copy Delete

*** 11. Response time to answer your question(s), return your phone call or email, or provide you with a result or written report.**

Please indicate your response by checking the

Prompt, timely	Took too long
<input type="radio"/>	<input type="radio"/>

Prompt, timely

Took too long

box that represents your view.

Other (please specify)

Text input field for 'Other (please specify)'

+ Add Question

+ Add Page

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Overall

+ Add Question

Q12 Edit Question Add Question Logic Move Copy Delete

* 12. How would you rate the staff, services, and products provided by EHS?

Excellent Good Average Fair Poor

Please indicate your response by checking the box that represents your view.

Radio button options for rating: Excellent, Good, Average, Fair, Poor

+ Add Question Split Page Here

Q13 Edit Question Move Copy Delete

13. What do you like best about the services provided by the Environmental Health Services program?

Text input field for question 13

+ Add Question Split Page Here

Q14 Edit Question Move Copy Delete

14. What can EHS do better?

Text input field for question 14

+ Add Question ▼ Split Page Here

Q15 Edit Question ▼ Move Copy Delete

15. If you would like us to contact you, please leave your information. Thanks!

Name:

Company:

Address:

Address 2:

City/Town:

State: -- select state --

ZIP:

Email Address:

Phone Number:

+ Add Question ▼

+ Add Page

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