

**Title:** BPHC Customer Feedback Survey

**Introductory language:**

Thank you for your recent inquiry to the Bureau of Primary Health Care (BPHC).

We would like to hear about your experience through a brief survey. Your responses will help us in our continued efforts to improve.

**Survey Questions**

1. Overall, I am satisfied with the service I received from BPHC.
  - Agree
  - Disagree (Please explain in text box)
  
2. I received the assistance I needed.
  - Agree
  - Disagree (Please explain in text box)
  
3. It took a reasonable amount of time to receive a response.
  - Agree
  - Disagree (Please explain in text box)
  
4. I am satisfied with the status updates I received.
  - Agree
  - Disagree (Please explain in text box)
  - Not applicable
  
5. I found BPHC representatives to be helpful.
  - Agree
  - Disagree (Please explain in text box)
  
6. Share any additional comments, compliments, or concerns about your experience in the text box. If you have an urgent need that you would like us to respond to, please use the [BPHC Contact Form](#).