

1. ***What was your role when interacting with Staffing and Classification Services?**

- a. Hiring manager
- b. OCHCO Partner (HRBP, HRD, Deputy HRD, etc.)
- c. Administrative support
- d. New Hire
- e. Applicant
- f. Other

2. ***Overall, how satisfied are you with our service?**

	Very Satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very Dissatisfied
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. ***Please indicate how much you agree with the following statements**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The appropriate Staffing/Classification Specialist was professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The Staffing/Classification Specialist was knowledgeable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Staffing/Classification Specialist was courteous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Staffing/Classification Specialist provided information that satisfied my request.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Staffing/Classification Specialist provided information in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. **Briefly describe the service received and provide any additional information you would like us to know (e.g., explanation for responses above, improvement suggestions, employee recognition, etc.)**

a. [FREE FORM]

5. **If you wish to be contacted for further follow up, please provide your name, contact information, and associated HRC number and a member of the team will contact you.**

a. [FREE FORM]

* Indicates required field