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Customer Service Survey

Please complete this annual evaluation and return in the self-addressed and stamped envelope. Your feedback is critical to continue improving service to our customers.

Name

Date

Organization

Telephone

Email

What is your overall evaluation of the following?

Overall Program Customer Service

Excellent Very Good Satisfactory Unsatisfactory

Inspector's Knowledge

Excellent Very Good Satisfactory Unsatisfactory

Availability of Inspectors

Excellent Very Good Satisfactory Unsatisfactory

Training/Outreach

Excellent Very Good Satisfactory Unsatisfactory

What did you like about your experience with us?

Do you need any additional information and/or training information from the CUPA?

What changes, if any, would improve customer service?

Please answer the following questions with a response of Yes, No, or Undecided.

1. Was it clear to you from the beginning what was required of you?
2. Did the inspectors/clerical provide you with the assistance you requested?
3. Were we courteous?
4. Did you benefit from the experience?
5. Did you utilize the handouts that were available to you?
6. Did you get satisfactory answers to your questions in a timely manner?