

# CUSTOMER SERVICE SURVEY

## DTSC Imperial CUPA

627 Wake Avenue, El Centro, CA 92243  
 PHONE (760) 352-0381 / FAX (760) 352-1641

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

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ORGANIZATION** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

What is your overall evaluation of the following:

<b>Overall Program Customer Service</b>		<b>Inspector's Knowledge</b>	
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
<b>Availability of Inspectors</b>		<b>Training / Outreach</b>	
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory

What did you like about your experience with us? \_\_\_\_\_

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Do you need any additional information and/or training information from the CUPA, please state? \_\_\_\_\_

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What changes, if any, would improve our customer service? \_\_\_\_\_

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Please rate the following:

	<b>YES</b>	<b>UNDECIDED</b>	<b>NO</b>
1. Was it clear to you from the beginning on what was required of you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the inspectors/clerical provide you with the assistance you requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were we courteous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you benefit from the experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you utilize the handouts that were available to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you get satisfactory answers to your questions in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>