

SAN • JUAN • BASIN
HEALTH
 DEPARTMENT

DATE: _____

CUSTOMER SATISFACTION SURVEY

In order to evaluate our attention to service, we ask that you take a moment and complete the following short survey.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Were you treated like a valued customer, in a professional manner?	1	2	3	4	5
Was your Application or Submittal processed timely (did we return calls in 1-2 days and letters in 7-14 days)?	1	2	3	4	5
If a customer service problem was encountered, did we address it?	1	2	3	4	5
Did you require the services of another department or agency and if so, was an appropriate point-of-contact provided to you (at the County, State, Federal or other)?	1	2	3	4	5

COMMENTS:

Please return by mail to address below, fax to (970) 375-7480 or drop off at Environmental office.
 Thank you for your participation!