

# How Did We Do?



## Please rate our staff's:

- 1. Knowledge and Competence
- 2. Responsiveness and Courtesy

And

- 3. How well did our staff handle your question or problem?

- 4. Was anyone especially helpful?

Excellent      Good      Fair      Poor

                

                

                

Yes       No

Staff Person who helped you: \_\_\_\_\_ Date: \_\_\_\_\_

City Department: \_\_\_\_\_

*Your Satisfaction is Important to Us!*

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_