

CUSTOMER SERVICE SURVEY

San Bernardino County Fire Department

Office of the Fire Marshal

598 S. Tippecanoe Ave, San Bernardino, CA 92415-0179
 FAX (909) 386-8460 www.sbctfire.org

Please complete this evaluation. 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:

Customer Service

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good |
| <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |

Inspector's Knowledge

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good |
| <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |

Availability of Inspectors

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good |
| <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |

Timeliness

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good |
| <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |

What did you like about your experience with us? _____

What changes, if any, would improve our customer service? _____

Please rate the following:

- | | YES | UNDECIDED | NO |
|---|--------------------------|--------------------------|--------------------------|
| 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"/> |