

SALEM CUSTOMER EVALUATION FORM

Date: _____

Time: _____

Department: _____

Name (optional): _____

Please rate the following using a 1 (lowest) to 5 (highest) scale:

Was the demeanor of department staff courteous and respectful? _____

Was the transaction completed in a timely manner? (if relevant) _____

Was the department/staff member responsive to your request? _____

Was the office space appearance clean and professional? (if relevant) _____

How would you rate the quality of work performed? _____

How would you rate your overall experience? _____

Are you a secret shopper? _____

What was your specific request? _____

How long did it take for the City to act on your request? _____

Did you have difficulty with navigating through Municipal Departments? _____

If so, please explain _____

Could your customer service experience have been better? _____

If so how? _____

Additional Comments: _____
