

Customer Satisfaction Survey and Comment Form

Please take a few minutes to complete this survey and provide your comments to help the court provide the best service possible.

Date: _____ Time: _____ of your visit

You accessed the court services as:

- A party A juror An attorney
- A witness An observer A victim
- Other _____

Court Unit assisting you:

- Filing Window Civil Criminal/Traffic
- Courtroom
- Self-Help
- Administration
- Court Security
- Fiscal
- Information Technology
- Other _____

If you waited in line or on the phone, approximately how long? _____ minutes.

Please rate the staff on the following for today's visit.

	Outstanding	Good	Fair	Poor
Promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Not legal advice)

How would you rate our service overall?

Excellent	Good	Average	Fair	Poor
<input type="checkbox"/>				

Do you have any suggestions to improve our services?

If a member of our staff was especially helpful, please let us know so that we may show our appreciation.

If you were dissatisfied with our service, please let us know. Be specific, if you know the employees' name, include it, or a physical description.

Please drop your survey in the Comment Box before you leave or return it by mail.

Thank you for giving us the opportunity to ensure our services meet your needs.

Please use the reverse of this form to provide any additional comments you may have regarding the services you received.