



City of Mt. Shasta Customer Service Survey

Name (optional) _____ Date: _____

Our goal is to provide you with the best possible service and your input is vital to our success. Please help us serve you and the community better by taking a few minutes to answer the questions below.

Please select the department you interacted with:

Police Fire City Hall Planning Finance Building Public Works

Check as Appropriate:

| Statement | Strongly Agree | Agree | Disagree | Strongly Disagree | No Comment |
|--|----------------|-------|----------|-------------------|------------|
| Staff was courteous and helpful | | | | | |
| Staff provided accurate information | | | | | |
| Staff provided a timely response | | | | | |
| I was given the information I needed | | | | | |
| Overall, I am satisfied with my experience | | | | | |

Please indicate the name(s) of any staff members you would like to commend:

If you feel we fell short in meeting your needs or expectations please describe the situation and include the name of the staff member involved and the date the incident occurred:

Do you have any other comments or suggestions?