



INVESTING IN COMMUNITIES

**HCV Customer Service Survey**

Please take a moment to complete this survey to help us evaluate how we may better serve you.

**Date:** \_\_\_\_\_

**Contact:**  Office Visit  Phone Call  Mail  Other \_\_\_\_\_

**I am a(n):**  Tenant  Applicant  Owner/Agent  Other \_\_\_\_\_

**If the last contact was an office visit or phone call, how long did you wait?**

0-15 min  15-30 min  30-45 min  1 hour+

**Name of employee/s who assisted you: (if known)**

\_\_\_\_\_

**How would you rate your most recent service?**

Excellent  Good  Fair  Poor

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

\_\_\_\_\_

**Overall, how would you rate the services provided by Agency employees?**

Excellent  Good  Fair  Poor

**Suggestions/comments on how we may improve our service.**

\_\_\_\_\_

\_\_\_\_\_

**(Optional)**

**Name** \_\_\_\_\_ **Phone** (\_\_\_\_\_) \_\_\_\_\_

Thank you for your comments. Please return your completed survey via mail, with your paperwork or drop it into the drop box in the parking lot.

