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.