



Customer Service Satisfaction Survey



How are we doing?

We want to know how well we have served you today. Please take a moment to complete this form and fax it to (619) 692-6619. Your feedback will help us to improve our services.

How was today's SDIR service provided?

phone in-person email other:[please specify]_____

Please rank your experience with the following aspects of your SDIR service:

		Excellent	Good	Fair	Poor	N/A
1.	SDIR response time to your initial request for service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Providing the service or solving your problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The knowledge of SDIR representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The ability of SDIR representative to listen and provide consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Your overall satisfaction with the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on any of the above and/or note other impressions of your experience:

If you would like our Registry Manager to call you, please give us your name and phone number and a good time to reach you.

Thank you for taking the time to help us to serve you better!

Internal Use Only:			
Date of service:	Name of SDIR representative	Service start	Service end
Name of Provider:	Facility/Site:	Purpose of Visit:	