

Customer Service Evaluation Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: Work: _____ Home: _____

What was the nature of your contact with the board?

Date of Contact/Service: _____ Employee(s) contacted
(if known): _____

How was this contact made? by phone by mail in person

This is a (please check appropriate box): Complaint *or* Comment

Description of situation (please use additional pages if needed):

Has the problem been resolved? Yes No

If not, what resolution are you requesting?

What suggestions would you provide to the board to avoid such a problem in the future?

Thank you!