

CITY OF GALVESTON

Customer Service Survey

Date_____



We're committed to serving the citizens of Galveston and to ensure that your experience with us is a pleasant one. Please take a moment to fill out this Customer Survey and tell us how we can better serve you. Your opinion on this is very important to us and will help in our ongoing efforts to improve our customer service to you!

1) Which department did you visit today?
 CASHIER CUSTOMER SERVICE BILLING

2) Quality of front office staff greeting:
 EXCELLENT GOOD FAIR POOR

3) Timeliness in which staff met with you:
 EXCELLENT GOOD FAIR POOR

4) Office appearance:
 EXCELLENT GOOD FAIR POOR

5) Courteous on the telephone (if applicable):
 EXCELLENT GOOD FAIR POOR

6) Overall, how would you rate our staff's response to your issue?
 EXCELLENT GOOD FAIR POOR

COMMENTS

Name(s) of staff person you wish to recognize/report:_____

Any suggestions you have that will help us to better serve you:_____

Should you wish to be contacted, please provide your name, address and phone number:_____
