

CUSTOMER SERVICE SURVEY

One of CalEPA’s objectives is to provide superior levels of customer service. Your feedback telling us what is going well and what needs improvement is essential to our success in our efforts to better serve you. Take a moment to complete this survey. Thank you for your feedback.—Agency Secretary

Select the Agency, Board, Department or Office:
Date Submitted:
In a few words, describe why you contacted us: (Question, problem, permitting/licensing etc.)

Check () As Appropriate

Statements	Strongly Agree	Agree	Disagree	Strongly Disagree	No Comment
Staff was courteous and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff provided complete, accurate information to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A timely response was provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Complete this section if your contact with us involved permitting/licensing/registration assistance.

Statements	Strongly Agree	Agree	Disagree	Strongly Disagree	No Comment
The regulations were understandable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The application instructions were understandable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The permit/license/registration terms and conditions were understandable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate the name(s) of any staff person you would like to commend:
Comments:
If you feel we fell short in meeting your service expectations, describe the situation, including name of the staff person involved and the date the incident occurred:

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As a result of your experience with us, what service-related improvements can you recommend?

Contact Information (Optional):

Your Name:	Daytime Telephone:
Street:	State, City, Zip:

Submit completed form or, save the form to your computer, complete, then email to cepacomm@calepa.ca.gov.