

HUMAN RESOURCES IS HERE TO *HELP*

and we want to know how we are doing!

Your feedback on how well we provide service is important to us. Thank you for taking a brief moment to complete this survey on how our service measures up.

Date of Service _____

Please circle your level of agreement with the statements below:

	Do Not Agree		Somewhat Agree		Fully Agree
I was treated courteously and with respect.	1	2	3	4	5
Service was provided in a timely manner.	1	2	3	4	5
My questions were answered or my problem solved.	1	2	3	4	5
I was treated fairly.	1	2	3	4	5
If my problem was not solved I know:					
-the resources and options available.	1	2	3	4	5
- the next step(s) needed to resolve.	1	2	3	4	5
-the reasons to support the response.	1	2	3	4	5

If a member of our staff provided you with especially memorable service or you would like to make a suggestion, please let us know.

Your name is appreciated and will enable us to more effectively respond to your suggestions and/or comments.

Staff Name _____
 Dept. _____
 Comments/
 Suggestions _____

Name _____
 Date _____
 Phone _____
 Email _____



Please return form to the Human Resources Office.