

# CUSTOMER SERVICE SURVEY

## San Bernardino County Fire Department

### Office of the Fire Marshal

620 S. E Street, San Bernardino, CA 92415-0179  
 FAX (909) 386-8460 [www.sbctfire.org](http://www.sbctfire.org)

Please complete this evaluation. Your feedback is critical to continue improving service to our customers.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

What is your overall evaluation of the following:

<b>Customer Service</b>		<b>Inspector's Knowledge</b>	
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
<b>Availability of Inspectors</b>		<b>Timeliness</b>	
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory

What did you like about your experience with us? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What changes, if any, would improve our customer service? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please rate the following:

	YES	UNDECIDED	NO
1. Was it clear to you from the beginning on what was required of you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the inspectors/clerical provide you with the assistance you requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were we courteous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you benefit from the experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you utilize the handouts that were available to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you get satisfactory answers to your questions in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>