

# EXIT INTERVIEW FORM

County of San Bernardino  
Department of



*San Bernardino County Department of Behavioral Health helps individuals with issues of mental health and substance abuse to find solutions to challenges they face, so that they may function within their families and community, by providing effective, efficient and culturally-based services*

**SUPERVISOR:** Please provide to employee for completion to return to DBH Human Resources.

*As part of our ongoing quality improvement process, we would like your comments or recommendations regarding your experience as an employee of the Department of Behavioral Health (DBH).*

EMPLOYEE NAME \_\_\_\_\_ EMP ID \_\_\_\_\_

DATE OF HIRE \_\_\_\_\_ DATE OF TERMINATION \_\_\_\_\_

LAST DAY WORKED \_\_\_\_\_ SECTION/CLINIC \_\_\_\_\_

**1. What factors influenced your decision to leave DBH?**

**2. What did you enjoy *most* about working for DBH?**

**3. What did you *least* like about working for DBH?**

**4. Do you feel your work experience was interesting, challenging, and growth producing? (Please describe)**

**5. Do you feel that you were treated with respect? (Please describe)**

**6. How would you rate the following aspects of your employment here? (1-Excellent, 2-Good, 3-Fair, 4-Poor):**

	1	2	3	4	Comments:
Promotional Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performance Evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**7. Do you think the compensation you received was competitive with what others doing the same or similar jobs for other companies receive? Recommendations?**

**8. What could have been done and/or provided to help you do your job better?**

# Exit Interview (con't)

9. Did DBH offer educational opportunities to suit the position you held?

10. Please describe your relationship with your supervisor(s)?

11. Do you feel that your supervisor was approachable and listened to you?

12. How would you rate the aspects of supervision in the following areas? (1-Excellent, 2-Good, 3-Fair, 4-Poor):

	1	2	3	4	Comments:
Fair/Equal Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate Recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Timely Resolutions to Complaints/Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adherence to Policy & Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disseminating Information to Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Encouraging Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

13. Are communication systems effective at your work location? Department-wide?

14. How would you describe the customer service at your work site among coworkers and to the consumers?

15. Are you personally aware of any incidents that may be a violation of law or of unethical conduct taking place at DBH? If so, please explain

16. Did you feel comfortable reporting any concerns to your supervisor/manager, DBH Human Resources, the Office of Compliance, or the Compliance phone Hotline? If not, please explain.

Very Comfortable     Comfortable     Uncomfortable     Very Uncomfortable

**CERTIFICATION STATEMENT:** The Department of Behavioral Health is committed to the ethical and legal business practices as essential to the advancement of its behavioral health care mission. Pursuant to this commitment, it is essential that we identify and address concerns regarding the compliance of a unit of services within the facility or ancillary operations.

## OPTIONAL

Would you like to discuss your responses with a representative from the Human Resources Department? If yes, please provide your email address and/or telephone number below.

No     Yes    Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you be willing to be contacted regarding any of your responses in the future? If yes, please provide your email address and/or telephone number below.

No     Yes    Email: \_\_\_\_\_ Phone: \_\_\_\_\_