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.sbcfire.org

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

NA	AME		DATE			
ORGANIZATION		TE	TELEPHONE			
E -]	MAIL					
Wł	nat is your overall evaluation of the following:					
Customer Service		Inspector's Knowledge				
	Excellent	Excell	-	☐ Very G	ood	
	Satisfactory Unsatisfactory	Satisfa Satisfa	actory	Unsatis	factory	
	Availability of Inspectors		Tir	neliness		
	Excellent	Excell	ent	☐ Very G	ood	
	Satisfactory Unsatisfactory	Satisfa	actory	Unsatis	factory	
Wl	nat did you like about your experience with us?					
Wł	nat changes, if any, would improve our custome	er service?				
DI						
Ple	ease rate the following:		YES	UNDECIDED	NO	
1.	Was it clear to you from the beginning on what required of you?	at was				
2.	. Did the inspectors/clerical provide you with the assistance you requested?					
3.	Were we courteous?					
4.	Did you benefit from the experience?					
5.	Did you utilize the handouts that were available you?	ole to				
6.	Did you get satisfactory answers to your questimely manner?	tions in a				