

**Dickinson Township Satisfaction Survey**

Date: \_\_\_/\_\_\_/\_\_\_

Time: \_\_\_\_\_\_ am/pm

# Which Department did you correspond with today? **(Please check all that apply)**

|  |
| --- |
|[ ]  Township Administration |
|[ ]  Zoning/Codes Enforcement |
|[ ]  Public Works |

# Was your request handled in a reasonable amount of time?

|  |  |
| --- | --- |
|[ ]  Excellent |[ ]  Satisfactory |
| ☐ | Very Good |[ ]  Needs Improvement |

# Which of the following was the reason for the interaction with staff?

|  |  |
| --- | --- |
|[ ]  Permits |[ ]  Complaint |
|[ ]  Property Information |[ ]  Trash Issues |
|[ ]  Questions |[ ]  Other |

# Were you able to accomplish your goal(s)?

|  |  |
| --- | --- |
|[ ]  Yes |[ ]  Partially |
|[ ]  No |[ ]  Were alternative options offered? |

# How would you rate the staff’s knowledge and ability to respond to your question(s)?

|  |  |
| --- | --- |
|[ ]  Friendly & Helpful |[ ]  Varies on each visit |
|[ ]  Average |[ ]  Poor Service |

# what can we do to improve your experience with us?

# Additional Comments:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STAFF COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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MANAGEMENT FOLLOW-UP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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