

# CUSTOMER SERVICE SURVEY

The Business, Transportation and Housing Agency and the Department of Alcoholic Beverage Control would like to provide you with the best possible service and your input is vital to our success. Please help us serve you and others better by taking a few minutes to answer the questions below. Thank you for responding.

*DATE STAMP USE ONLY*

Dale E. Bonner, Secretary for the Business, Transportation and Housing Agency

1. What was the nature of your contact with us?

- General Information                       Problem Resolution                       Technical assistance
- Permitting/Licensing Assistance       Other (describe) \_\_\_\_\_

2. Which ABC office did you contact?

- |                                       |                                      |  |  |                                    |
|---------------------------------------|--------------------------------------|--|--|------------------------------------|
| <input type="checkbox"/> Bakersfield  | <input type="checkbox"/> Lakewood    | <input type="checkbox"/> Riverside     | <input type="checkbox"/> San Jose        | <input type="checkbox"/> Stockton  |
| <input type="checkbox"/> Eureka       | <input type="checkbox"/> Monrovia    | <input type="checkbox"/> Sacramento    | <input type="checkbox"/> San Luis Obispo | <input type="checkbox"/> Van Nuys  |
| <input type="checkbox"/> Fresno       | <input type="checkbox"/> Oakland     | <input type="checkbox"/> Salinas       | <input type="checkbox"/> San Marcos      | <input type="checkbox"/> Ventura   |
| <input type="checkbox"/> Headquarters | <input type="checkbox"/> Palm Desert | <input type="checkbox"/> San Diego     | <input type="checkbox"/> Santa Ana       | <input type="checkbox"/> Yuba City |
| <input type="checkbox"/> LA/Metro     | <input type="checkbox"/> Redding     | <input type="checkbox"/> San Francisco | <input type="checkbox"/> Santa Rosa      |                                    |

**CHECK AS APPROPRIATE:**

<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>No Comment or N/A</b>
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- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. Staff was courteous and helpful                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Staff provided complete, accurate information to you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. A timely response was provided                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. My overall experience was positive                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Please complete items #7 - 9 below if your contact with us involved permitting/licensing assistance:*

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. The regulations were understandable                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The application instructions were understandable            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The permit/license forms and conditions were understandable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. Please indicate the name(s) of any staff person you would like to commend: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

11. If you feel we fell short in meeting your service expectations, including bilingual services, please describe the situation, including name of the staff person involved and the date the incident occurred.

\_\_\_\_\_  
\_\_\_\_\_

12. As a result of your experience with us, what service-related improvements can you recommend?

\_\_\_\_\_  
\_\_\_\_\_

(Optional)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Check here if you want us to call you

*Department Use Only*

Copy to Division & District \_\_\_\_\_ (Date)

Follow up: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_