State of California

CUSTOMER SERVICE SURVEY

Department of Alcoholic Beverage Control

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.

Sunne Wright McPeak, Secretary for the Business, Transportation and Housing Agency

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

Licensing:
- ☐ General Information
- ☐ One-Day/Caterer's Permits
- ☐ Technical Assistance
- ☐ Application for Permanent License
- ☐ Problem Solving
- ☐ Meet with Licensing Representative

Enforcement:
- ☐ General Information
- ☐ Pre-Accusation Interview
- ☐ Technical Assistance
- ☐ Meet with Investigator
- ☐ Problem Solving

Other (describe): _____

2. Which ABC office did you contact?

☐ Bakersfield	☐ Inglewood	☐ Redding	☐ San Francisco	☐ Santa Barbara
☐ El Monte	☐ LA/Metro	☐ Riverside	☐ San Jose	☐ Santa Rosa
☐ Eureka	☐ Long Beach/Lakewood	☐ Sacramento	☐ San Luis Obispo	☐ Van Nuys
☐ Fresno	☐ Oakland	☐ Salinas	☐ San Marcos	☐ Stockton
☐ Headquarters	☐ Rancho Mirage	☐ San Diego	☐ Santa Ana	☐ Yuba City

Rate the following?

	Agree	*Strongly Agree*	*Disagree*	*Strongly Disagree*	*N/A*
3. Staff was courteous and professional	○	○	○	○	○
4. Staff was responsive to your needs	○	○	○	○	○
5. Staff was able to answer all of your questions	○	○	○	○	○
6. Staff's information was appropriate	○	○	○	○	○
7. Staff properly applied the regulations, policies and procedures	○	○	○	○	○
8. Overall, my experience with ABC was positive	○	○	○	○	○

If you have dealt with more than one District Office this year, please answer the following:

9. There is consistency in the services and information provided by the different District Offices	○	○	○	○	○

10. Is there anyone in particular you wish to commend? Please identify that person and tell us how they excelled:

_____

11. If you feel we have not met your bilingual needs, please describe the situation (include person(s) involved and date of incident).

_____

12. Can you make any suggestions about how we might serve you better?

_____

Thank you for taking the time to help us serve you better. We appreciate your comments.

(Optional)

Name: _____ Phone: _____ Email Address : _____

☐ Check here if you want us to call you

Department Use Only

DATE STAMP USE ONLY

Date Copies Sent to Division & District _____

Follow up: _____

_____

_____