

CUSTOMER SERVICE SURVEY

The Business and Consumer Services 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

Secretary, Tomiquia Moss; Business and Consumer Services 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?

- | | | | | |
|---------------------------------------|--------------------------------------|-------------------------------------|--|-------------------------------------|
| ☐ Bakersfield | ☐ Lakewood | ☐ Redding | ☐ San Francisco | ☐ Santa Rosa |
| ☐ Eureka | ☐ Lodi | ☐ Riverside | ☐ San Jose | ☐ Van Nuys |
| ☐ Fresno | ☐ Monrovia | ☐ Sacramento | ☐ San Luis Obispo | ☐ Ventura |
| ☐ Headquarters | ☐ Oakland | ☐ Salinas | ☐ San Marcos | |
| ☐ LA/Metro | ☐ Palm Desert | ☐ San Diego | ☐ Santa Ana | |

CHECK AS APPROPRIATE:

Strongly Agree
Agree
Disagree
Strongly Disagree
No Comment or N/A

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. Staff was courteous and helpful | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Staff provided complete, accurate information to you | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. A timely response was provided | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. My overall experience was positive | ☐ | ☐ | ☐ | ☐ | ☐ |

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

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. The regulations were understandable | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. The application instructions were understandable | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9. The permit/license forms and conditions were understandable | ☐ | ☐ | ☐ | ☐ | ☐ |

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: _____
