



The City of York Pennsylvania

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www.yorkcity.org



Mayor John S. Brenner

Customer Service Satisfaction Survey

To help us with improving our customer service, please take a few moments to rate the assistance received on your recent visit. Your feedback will help us to determine what we are doing well, and where we could use some improvement in serving you, the citizen and customer of our organization. Thank you.

Date of your visit: _____

Name of Employee(s) who assisted you (if known): _____

Permit #: _____ **Complaint #:** _____

Please rate our service by checking the appropriate box below:

| | EXCELLENT | GOOD | FAIR | POOR |
|---------------------|------------------|-------------|-------------|-------------|
| Courtesy | | | | |
| Promptness | | | | |
| Professional manner | | | | |
| Level of knowledge | | | | |
| Overall Service | | | | |

Other Comments or Suggestions: _____

Your Name and Address: (optional) _____

Your Phone Number: (optional) _____

Your Email Address: (optional) _____