

COMMUNITY DEVELOPMENT DEPARTMENT

1700 W. 162nd Street, Gardena CA 90247 TEL: (310) 217-9530 FAX: (310) 217-9698

Customer Service Survey

Our job is to administer and enforce city and state regulations and standards. Our mission is to perform that service in a courteous and professional manner. Please let us know how we're doing. Your feedback is important to achieving our mission.

	ase briefly indicate the services you used:								
Вι	uilding (type of service):								
Pl	Planning (type of service):								
Вι	usiness Licensing (type of service):		_						
Ot	ther (please specify):								
Cir	cle a number to rate the following, from 1 to 5 $(1 =$	stron	gly dis	agree;	2 = d	isagre	ee; 3		
ne	utral; 4 = agree; 5 = strongly agree; N/A = Not A	Applica	ble)						
Th	e service I received was acceptable	1	2	3	4	5	N/A		
Sta	aff was courteous and professional	1	2	3	4	5	N/A		
Sta	aff responded in a timely manner	1	2	3	4	5	N/A		
Sta	aff quickly identified the problem	1	2	3	4	5	N/A		
Sta	aff appeared knowledgeable and competent	1	2	3	4	5	N/A		
	aff helped you understand the cause and the solution to e problem	1	2	3	4	5	N/A		
If y	ou rated any service a 1 or 2, please tell us why.								
Hov	w long did you wait before speaking to a representat	tive?							
Hov	w long did you wait before speaking to a representat I was taken care of immediately	tive?							
Hov	w long did you wait before speaking to a representat I was taken care of immediately Within 3 minutes	tive?							
Hov	w long did you wait before speaking to a representat I was taken care of immediately	tive?							

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4.	Ho	w long did it take to resolve your issue?						
		Immediate Resolution						
		Less than a day						
		Between 2 and 3 days						
		Between 3 and 5 days						
		☐ More than a week						
		The problem is still not resolved						
5.	Overall how satisfied are you with the customer service experience?							
		Very Satisfied						
		Somewhat Satisfied						
		Neutral						
		Somewhat Dissatisfied						
		Very Dissatisfied						
Thank you for your feedback. We sincerely appreciate your honest opinion and will take your input into consideration while providing services in the future.								
please numb	e prov er and	villing to discuss your experience with us, ide your name, address and/or phone d we will personally get back to you. We look nearing from you. Thank you.	Name: Company: Address: Phone: (Best Time to Call):					

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