



**COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH**

**LAND AND WATER QUALITY DIVISION
SITE ASSESSMENT AND MITIGATION PROGRAM
SERVICE EVALUATION AND SUGGESTION FORM**

Your comments regarding the service(s) you have received from the Site Assessment and Mitigation Program (SAM) are important to us. This will assist us to maintain a quality of service, which meets the needs of the public, and to improve our services. The time you take to complete this form is valuable to us and we do appreciate your appraisal of our services.

Date of the service: _____ Name(s) of staff: _____

Program Area of Service: Monitoring Wells Local Oversight Private Oversight Voluntary Assistance Public Records

Please rate the service you received in the following areas.

- | | Excellent | Above Average | Average | Below Average | Poor | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How would you rate the timeliness of the service you received? | <input type="checkbox"/> | |
| 2. How would you rate the friendliness and courtesy of staff? | <input type="checkbox"/> | |
| 3. How would you rate staff's willingness to go the extra step to satisfy your needs? | <input type="checkbox"/> | |
| 4. How would you rate staff's knowledge of the subject matter provided to you? | <input type="checkbox"/> | |
| 5. Overall quality of service? | <input type="checkbox"/> | |
| | Same day | Next day | Within 2 days | Longer than 2 days | Did not call back | N/A |
| 6. How long did it take for an employee to return your phone call(s)? | <input type="checkbox"/> |

7. Other comments? _____

8. Is there a service we are not providing which you would like us to provide? If so, please briefly describe: _____

OPTIONAL: If you would like us to contact you regarding any follow-up service or information we can provide; or to discuss this survey, please check the box below and **PRINT** your name and phone number.

Please call me. Name: _____ Phone: _____

THANK YOU FOR YOUR PARTICIPATION IN HELPING US PROVIDE QUALITY SERVICE.