



City of Salem Customer Service Comment Form

We are committed to continually improving our customer service.

This questionnaire was created to gather your feedback.

Type of service received:

In person Phone Web site Mail

Tell us about your contact/visit:

Date of contact: _____

Were you greeted promptly? Yes No

Which department did you contact? _____

What was the nature of your contact? _____

Employee name(s): _____

Please rate the level of courtesy and cooperation you received:

Excellent Good Fair Poor

Please rate the timeliness of the response: (Response received within 72 hours?)

Excellent Good Fair Poor

Please rate the helpfulness /accuracy of the response to your request:

Excellent Good Fair Poor

Please rate your overall experience:

Excellent Good Fair Poor

Additional comments: _____

For a personal reply please include your name and phone number or email address:

Name: _____

Phone: _____

Email: _____

We value your opinion and appreciate your time. Thank you!

Mail to: City of Salem, 400 N Iron St, Salem, MO 65560