Email survey

# McMinnville Planning Department Customer Service Survey

**Please answer the following questions regarding your experience(s) with the City of McMinnville Planning Department, and submit this form via email by clicking on the button in the upper right-hand corner of this form. If you would prefer to manually fill out a survey, you may print this form out and mail it to, or drop it off at, 231 NE 5th Street, McMinnville.**

***Date of Contact:*** _____

***Staff member who assisted you (optional):***

☐ Pam Kindel ☐ Ron Pomeroy
☐ Doug Montgomery ☐ Sarah Sullivan

***What was the nature of your recent contact with our department?***

☐ Information ☐ Make payment
☐ Request and/or submit application ☐ Complaint
Other: _____

***Was your contact:***

☐ In person ☐ Via telephone ☐ Written ☐ Email

***Were your questions answered clearly?*** ☐ Yes ☐ No (If "no," can you share the reason for this?)

_____

_____

***Was the service prompt?*** ☐ Yes ☐ No (If "no," can you share the reason for this?)

_____

_____

***Was the service:*** ☐ Above your expectations? ☐ What you expected? ☐ Less than expected?

***On a scale of 1 - 5, how would you rate the quality of service by our staff?***

**5** = Outstanding **4** = Good **3** = Fair **2** = Needs Improvement **1**= Unsatisfactory

| | **5** | **4** | **3** | **2** | **1** |
|---|---|---|---|---|---|
| Courteous | ☐ | ☐ | ☐ | ☐ | ☐ |
| Knowledgeable | ☐ | ☐ | ☐ | ☐ | ☐ |
| Helpful | ☐ | ☐ | ☐ | ☐ | ☐ |

***Would you like someone to contact you about this survey?*** ☐ Yes ☐ No

***If yes, please provide the following (or if no, but you would like to share your name):***

_____
Name

_____
Address

_____
City, State, Zip

_____
Phone

_____
Best time to call

***Additional Comments and/or Suggestions:***

_____

_____

_____

_____

_____