

**CUSTOMER FEEDBACK..... Thank you for participating!**

Windham, Maine 04062-**CODE ENFORCEMENT OFFICE - QUALITY OF SERVICE RATING**- 8 School Road

|   |   |                                |                                       |                                   |                              |
|---|---|--------------------------------|---------------------------------------|-----------------------------------|------------------------------|
| <i>The staff was helpful and courteous.</i> | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Disagree | <input type="checkbox"/> N/A |
|---|---|--------------------------------|---------------------------------------|-----------------------------------|------------------------------|

|   |   |                                |                                       |                                   |                              |
|---|---|--------------------------------|---------------------------------------|-----------------------------------|------------------------------|
| <i>The information provided was useful.</i> | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Disagree | <input type="checkbox"/> N/A |
|---|---|--------------------------------|---------------------------------------|-----------------------------------|------------------------------|

|  |   |                                |                                       |                                   |                              |
|--|---|--------------------------------|---------------------------------------|-----------------------------------|------------------------------|
| <i>The service provided was a good experience.</i> | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Disagree | <input type="checkbox"/> N/A |
|--|---|--------------------------------|---------------------------------------|-----------------------------------|------------------------------|

|   |   |                                |                                       |                                   |                              |
|---|---|--------------------------------|---------------------------------------|-----------------------------------|------------------------------|
| <i>Your questions were answered in a timely manner.</i> | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Disagree | <input type="checkbox"/> N/A |
|---|---|--------------------------------|---------------------------------------|-----------------------------------|------------------------------|

|   |                                 |                                  |                                 |                                     |                              |
|---|---------------------------------|----------------------------------|---------------------------------|-------------------------------------|------------------------------|
| <i>How often do you visit the CEO Office?</i> | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Yearly | <input type="checkbox"/> Other_____ | <input type="checkbox"/> N/A |
|---|---------------------------------|----------------------------------|---------------------------------|-------------------------------------|------------------------------|

|  |                                       |                                      |                                     |                                     |                              |
|--|---------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|------------------------------|
| <i>What was your visit related to?</i> | <input type="checkbox"/> Applications | <input type="checkbox"/> Information | <input type="checkbox"/> Inspection | <input type="checkbox"/> Other_____ | <input type="checkbox"/> N/A |
|--|---------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|------------------------------|

|   |  |                                     |                                     |   |                              |
|---|--|-------------------------------------|-------------------------------------|---|------------------------------|
| <i>How long did you wait to speak to someone?</i> | <input type="checkbox"/> Immediate Service | <input type="checkbox"/> 15 Minutes | <input type="checkbox"/> 30 Minutes | <input type="checkbox"/> 45 Minutes or More | <input type="checkbox"/> N/A |
|---|--|-------------------------------------|-------------------------------------|---|------------------------------|

|   |                              |                             |  |  |                              |
|---|------------------------------|-----------------------------|--|--|------------------------------|
| <i>Did the CEO arrive on time to your inspection?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |  | <input type="checkbox"/> N/A |
|---|------------------------------|-----------------------------|--|--|------------------------------|

|   |                                   |                                 |                                   |   |                              |
|---|-----------------------------------|---------------------------------|-----------------------------------|---|------------------------------|
| <i>What was the inspection regarding?</i> | <input type="checkbox"/> Building | <input type="checkbox"/> Septic | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Code Enforcement | <input type="checkbox"/> N/A |
|---|-----------------------------------|---------------------------------|-----------------------------------|---|------------------------------|

**Additional Comments:**

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