PRAIRIE VIEW A&M UNIVERSITY
CUSTOMER OUTREACH SERVICES

HOW MAY WE BETTER SERVE YOU?
(INSTRUCTIONS: Please provide all requested information. This information will be used to help improve our services.)

Service Area:

1. Would you like to share a compliment regarding services received?  _Yes__ _No__
   Specify: ________________________________________________________________

2. Rate your overall level of current satisfaction with our services.
   _____________________________Excellent _____________________________Good
   _____________________________Fair _____________________________Poor

3. Did you receive the services you requested?  _Yes__ _No__
   If not, why not? ____________________________________________________________

   How long did it take for you to receive a response?
   _____________________________more than 15 minutes?  Why? _______________________
   _____________________________more than 30 minutes?  Why? _______________________
   _____________________________more than 1 hour?  Why? __________________________
   _____________________________more than 8 hours?  Why? __________________________
   _____________________________more than 24 hours? Why? _________________________
   _____________________________more than 3 days?  Why? __________________________
   _____________________________more than 1 week?  Why? _________________________

4. How may we improve our services? Please specify: _______________________________________

5. If you have unresolved concerns, please specify.
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

If you would like a written response, please provide the following information:

Name_________________________________________Zip_____________________
Address__________________________________________Telephone______________________________E-mail_____________________

Reviewed_________________________________________Date__________Time_______
Help us to better serve you.

Service Area

RATE OUR SERVICE:

1. How would you rank our overall Customer Service?
   _Excellent _Good _Unknown _Fair _Poor

2. How would you rank our accuracy?
   _Excellent _Good _Unknown _Fair _Poor

3. Rank our friendliness.
   _Excellent _Good _Unknown _Fair _Poor

4. Rank our Customer Respect.
   _Excellent _Good _Unknown _Fair _Poor

5. Rank our timeliness.
   _Excellent _Good _Unknown _Fair _Poor

6. Rank our accessibility.
   _Excellent _Good _Unknown _Fair _Poor

7. Rank our telephone assistance.
   _Excellent _Good _Unknown _Fair _Poor

8. Rank our e-mail access.
   _Excellent _Good _Unknown _Fair _Poor

9. Rank our complaint process.
   _Excellent _Good _Unknown _Fair _Poor

10. Comments or Suggestions:

   ____________________________________________