



Human Resource Services Customer Survey

Please take a few moments to rate the service provided by the Human Resource Services Department.

Date: _____

1. Reason for Visit?	<input type="checkbox"/> Meeting <input type="checkbox"/> Hearing <input type="checkbox"/> Complete On-Line Application <input type="checkbox"/> Employment Processing <input type="checkbox"/> Drop Off/Pick Up Materials <input type="checkbox"/> Testing <input type="checkbox"/> Other
2. Are you currently employed with SCUSD?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Substitute
3. How were you greeted?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Comments:
4. Were your employment concerns handled promptly by Human Resources Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
5. Did you obtain the information you requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
6. During your visit, did you feel valued and respected as an employee or applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
7. How would you rate the overall service provided?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Comments:
8. Would you visit our office again?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
9. Additional Comments:	

Name (Optional): _____

Please place completed Human Resource Services Customer Survey into Survey Box or return to Human Resource Services via district mail, Box 770.