



## Service Survey

**Your Feedback is Important to us!**

**Please take a moment to rate the services you received with our company.**

Date:

Service Office:

Name:

Employee"

1. **What was the purpose of your visit with HPC. Check all that apply.**

- Job Search/Job Applicant                       Program Services/Resources; Please list details:  
 Business Services                                       Other; please explain:

2. **Please rate your interaction with our company and/or our employees:**

- Excellent       Very Good       Good                       Fair                       Poor

3. **Rate how professional our staff were in delivering your service:**

- Excellent       Very Good       Good                       Fair                       Poor

4. **Was our staff prepared and expeditious with the service you received?**

- Strongly agree    Agree    Neutral    Disagree    Strongly disagree

5. **Should the need arise, would you use this/these service(s) again?**

- Strongly agree    Agree    Neutral    Disagree    Strongly disagree

6. **What would best describe your experience:**

- Quickly serviced / resolved concerns                       Didn't know how to assist me  
 Kept me waiting                                                       Other, Please explain:

7. **How well do each of the following words describe your customer service experience:**

	Very Well			Not at all	
Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listened Carefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, please list: \_\_\_\_\_

7. **If you are not satisfied with the service(s) provided and wish to discuss your concerns,  please check this box and a representative will contact you.**

Name:

Daytime Telephone:

Evening Telephone:

8. **Rate your overall experience with our company staff:**

- Excellent       Very Good       Good                       Fair                       Poor