

Customer Satisfaction Survey

CUSTOMER SATISFACTION SURVEY

YOUR OPINION COUNTS!!!

Location Visited:

- | | |
|--|---|
| <input type="checkbox"/> Bullhead City Justice Court | <input type="checkbox"/> Mohave County Clerk of the Superior Court |
| <input type="checkbox"/> Bullhead City Municipal Court | <i>Specify location: Bullhead City Kingman Lake Havasu City</i> |
| <input type="checkbox"/> Kingman Municipal Court | |
| <input type="checkbox"/> Kingman/Cerbat Justice Court | <input type="checkbox"/> Mohave County Probation |
| <input type="checkbox"/> Lake Havasu Consolidated Court | <i>Specify location: AZ Strip Bullhead City Kingman Lake Havasu City</i> |
| <input type="checkbox"/> Moccasin Consolidated Court | |
| <input type="checkbox"/> Conciliation Court Services
(Mediation Center) | <input type="checkbox"/> Mohave County Superior Court |
| | <i>Specify location: Bullhead City Kingman Lake Havasu City</i> |

Date of Visit: _____ Purpose of Visit: _____

PLEASE RATE YOUR EXPERIENCE

Initial Greeting:

- Excellent Good Fair Poor

Knowledge of Staff:

- Excellent Good Fair Poor

Timeliness of Staff's Response to Your Requests:

- Excellent Good Fair Poor

Overall Satisfaction of Service (Regardless of whether you were satisfied with the outcome of your case):

- Excellent Good Fair Poor

Is there a member of our staff that you would like to acknowledge for providing exceptional service?

If yes, please provide their name and a brief description of the service provided.

What can we do to better provide you with exceptional service?

Contact Information (Name, Phone Number/Email Address)-Optional