ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Child Support Services

Customer Satisfaction Survey

We want to meet your needs. We need your feedback to tell us how we are doing. Please take a few minutes to answer the following questions and return to the receptionist or case worker.

1.	I am a (please check one): Custodial Parent Non-Custo	odial Parent	Relative		Other	
	Please use this scale to rate our pe	erformance				
	5 – Strongly Agree 4 – Agree 3 – Neutral 2 – Disa	gree 1 – Stron	gly Dis	sagree		
2.	I was greeted by the receptionist in a prompt and courteous manu	ner. 5	4	3	2	1
3.	The waiting area was neat and clean.	5	4	3	2	1
4.	1. The person assisting me was knowledgeable and informative.		4	3	2	1
5.	I was treated with courtesy and respect.	5	4	3	2	1
6.	I accomplished what I set out to accomplish with my visit.	5	4	3	2	1
	Please mark <u>Yes</u> or <u>No</u> for the follow	ing question.				
7.	I waited longer than 15 minutes to be seen. Yes No					
Additional Information to Help Us						
8. What was the purpose of your visit today?						
-						
Please provide any suggestions or comments that would help us serve you better.						
Da	te:					
Name (Optional): Conta						

Save a trip to the office - Did you Know?

The following is available via the Internet at <u>des.az.gov</u> (click on Child Support Enforcement)

Case Status, Make a Payment, Forms, Pay History, Frequently Asked Questions

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at 602-252-4045; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local