



Community Services

CUSTOMER SATISFACTION SURVEY

The Community Services Department is always interested in hearing from those utilizing our programs and services. Please take a few moments to complete and submit this form.

Name of Program or Service

Location of Program or Service

1. Overall, this program met my needs and expectations.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

2. I would rate the quality of the program or service as...

☐ Excellent ☐ Good ☐ Fair ☐ Poor

3. I would rate the program or service staff as...

☐ Excellent ☐ Good ☐ Fair ☐ Poor

4. I would participate in this program or use this service again.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

5. The condition of the facility where the program or service took place was...

☐ Excellent ☐ Good ☐ Fair ☐ Poor

6. The facility ☐ Enhanced ☐ detracted from ☐ Did not affect the quality of the program or service.

Comments:

Optional:

Name

Telephone Number

Thank you for your time and comments

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The City of Irvine encourages recycling

FORM CS_CUSTSATSVRY