

CARSON COUNTY APPRAISAL DISTRICT

P. O. Box 970  
Panhandle, TX 79068  
806-537-3569  
Fax: 806-537-5343

**Customer Service Evaluation**

You are a valued customer. Please complete this short survey. Your feedback will be used to improve our service.

**How was contact made to the appraisal office?**

- In Person
- Telephone

**--- Response Time ---**

**About how long did you have to wait before speaking to appraisal district staff?**

- I was taken care of immediately
- Within 3 minutes
- 3-5 minutes
- 5-10 minutes
- More than 10 minutes

**Did the appraisal district staff handle your contact timely?**

- Yes
- No
- Somewhat
- Not at all

**What would best describe what happened?**

- Quickly solved the problem
- Kept me waiting on hold
- Had to explain several times
- Didn't know how to handle problem
- Had to ask others
- Other \_\_\_\_\_

**--- Knowledge of Your Service Representative ---**

**Was the appraisal district staff knowledgeable?**

- Yes
- No
- Somewhat
- Not at all

**What would best describe what happened?**

- Gave me a good solution
- Gave me the wrong information
- They didn't understand the question
- Gave unclear answers
- Couldn't solve problem
- Disorganized
- Other \_\_\_\_\_

**--- Characteristics of Your Service Representative ---**

**How well do each of the following words describe your customer service representative?**

	Very Well			Not At All	
	1	2	3	4	5
Patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enthusiastic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listened carefully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courteous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other word or phrase _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Overall, was the process for getting your problem resolved:**

- Very poor
- Poor
- Average
- Good
- Very Good

**--- If You Still Have a Problem ---**

**If you still have a problem, please consider giving us another chance to fix it. Complete the following information and we will contact you.**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Thank you for completing this survey!**