

### Customer Satisfaction Survey

We thank you for giving us the opportunity to serve you better. Please help us by taking a few minutes to tell us about the service that you have received. We appreciate your business and want to make sure we meet your expectations.

Was the service related to:  Analytical Services  Accreditation Services

	<b>As</b>		
	<b>Poor</b>	<b>Expected</b>	<b>Excellent</b>
Overall, how was the service or assistance we provided to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate our efforts to meet your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the professionalism, helpfulness, and knowledge of the staff that you interacted with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Were we prompt in:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returning your call or email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing guidance or other assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invoicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any additional comments, feedback, or recommendations:

Would you like to be contacted by a manager	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>

If so, please provide your contact information below:

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

Do you prefer email, phone call, or text: \_\_\_\_\_

Contact info: \_\_\_\_\_

Please return feedback to:  
 SELSD QS Section: April Franklin  
 PO Box 1677  
 OKC, OK 73101

OR [selsquality@deq.ok.gov](mailto:selsquality@deq.ok.gov)