

## BUREAU INNOVATION TEAM #7 - BUREAU SURVEY ON CUSTOMER SERVICE:

Proposed format for web survey, from Laurel Butman, 823-6806

**Help text: BEFORE you complete this assessment, please locate and have available any of the following electronic files you may send us in response to our survey questions:**

- **Bureau/Office Mission Statement**
- **Customer Service Goals & Standards**
- **Customer Service Surveys/Focus Group questions**

**Once you begin completing the survey, you will not be able to save and reopen the TrackIt form. Your survey responses must be entered within a single TrackIt session.**

**Contact & Organization Information: Please provide the following contact and organization information so we are able to contact the right person if we have additional or follow-up questions. Thank you!**

1. Primary contact name/number for this bureau/work group:
2. Please note the specific bureau/division/work group you are responding for:

**Bureau/Office Information: Please answer for your bureau/office.**

3. Does your Bureau/Office mission statement include customer service-related commitments or language?  
 yes  no
4. If yes, please attach a copy here.
5. Does your Bureau/Office have established customer service goals and standards?  yes  no
6. If yes, please attach a copy here.

**Help text: If you answered “no” please go to question #12**

7. When and how were the goals/standards developed?
8. How are the goals/standards communicated to City staff and representatives?
9. Do you measure and track customer service goals/standards?  yes  no
10. Have your customer service goals/standards been revised/reevaluated since they were initially developed?  
 yes  no
11. Please feel free to provide additional comments about your goals/standards:

**Internal Customer Information: Please answer for your bureau/office.**

12. Who are your Bureau/Office's key INTERNAL customer groups?

13. Which of your workgroups or functions have primary responsibility for INTERNAL (City Bureau/Office) customer contacts?

14. What are your primary methods of INTERNAL customer contact?

Laurel: add drop downs with the ability to pick more than one choice -- phone call, email, in-person contact, TrackIt form, other. (Are they able to add explanatory text if they select the "other" option?)

**External Customer Information: Please answer for your bureau/office.**

15. Who are your Bureau/Office's key EXTERNAL customer groups?

16. Which of your workgroups or functions have primary responsibility for EXTERNAL customer contacts?

17. What are your primary methods of EXTERNAL customer contact?

Laurel: same drop downs as with Question #14 above.

**Customer Satisfaction: Please answer for your bureau/office.**

18. Does your Bureau/Office assess customer satisfaction?  yes  no

Add Help Text: If you answered "no" please go to question #22.

19. How is customer satisfaction assessed?

20. How frequently are the assessments scheduled?

Laurel: Add drop down choices: annually, semi-annually, monthly, other. ("Other" with the option to add explanatory text.)

21. When was your last assessment done?

22. In the last 3 years, has your Bureau/Office conducted a survey/focus group with any questions regarding customer service?  yes  no

23. If yes, please attach a copy here.

**Internal planning/evaluation: Please answer for your bureau/office.**

**Help text: Are customer service goals considered in any of the following?**

24. Bureau/Office and section work plans?  yes  no

25. Staff performance evaluations?  yes  no

26. Third party contracts?  yes  no

27. If you answered yes to any, briefly explain how customer service goals are included in work plans, performance evaluations, and/or contracts.

**Customer Service Training: Please answer for your bureau/office.**

28. Is customer service training required of your staff?  yes  no

**Help text: If you answered “no” please go to question #32**

29. Is customer service training required of everyone, specific work groups, or specific job classes? Please describe.

30. What general topics/issues are covered in your Bureau/Office's customer service training?

31. In the last 3 years, what % of your staff received customer service training? Please note whether this is an estimated or actual percentage.

32. Have your supervisors/managers received specific training to develop/manage improvements in customer service?  yes  no

**Feedback/Continuous Improvement: Please answer for your bureau/office.**

33. Do your EMPLOYEES have opportunities to suggest customer-service related improvements for your organization?  yes  no

34. If you answered yes, what methods do you use to solicit/collect EMPLOYEE suggestions?

35. When EMPLOYEE suggestions or ideas are offered, how are they addressed or resolved?

36. How can CUSTOMERS suggest customer-service improvements to your organization?

37. When CUSTOMER suggestions or ideas are offered, how are they addressed or resolved?

**Help text:**

**Does your Bureau/Office have plans or projects within the next 1-2 years to assess/reevaluate:**

38. Customer service goals and standards?  yes  no

39. Customer service training?  yes  no

40. Customer satisfaction?  yes  no

**Thank you very much for taking the time to respond to this survey. The Bureau Innovation Project Customer Service Team appreciates your time and attention. Please feel free to provide additional comments below about customer service in your Bureau/Office or feedback about this survey.**

41. Additional comments/Feedback:

**Please click the “submit” button to complete the survey process. Thanks!**