



**SUNY College at Brockport
Office of Student Accounts
Customer Satisfaction Survey**

Date of Service: _____

Type of Service (please circle): In-person Telephone E-mail Fax

Your Status (circle all that apply):

Freshman Sophomore Junior Senior Graduate
 Transfer Readmit Alum Faculty Staff
 Part-time Full-time Other: _____

Please rate the following: 1 = very dissatisfied ☹ 5 = very satisfied ☺

RATING	1	2	3	4	5
Overall quality of service(s) was:					
People friendly, courteous, helpful, good attitude					
Staff communication skills were:					
Understanding of your needs					
Timely, efficient service					
Complete and correct service					
Inviting physical environment					
Overall "feeling" after your contact with the Office					

Would you recommend SUNY Brockport to others? Yes No

Additional Comments: _____

OPTIONAL:

Do you have a question or comment that you would like us to respond to? If so, please explain.

Be sure to include the information below if you wish to receive a response to your question or comment. Please print.

Name: _____
 Local Telephone: _____
 E-mail: _____
 Local Mailing Address: _____

(08/28/06)