Customer Satisfaction Survey

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 ☐

<table>
<thead>
<tr>
<th>RATING</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>Overall quality of service(s) was:</td>
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<tr>
<td>People friendly, courteous, helpful, good attitude</td>
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<td>Staff communication skills were:</td>
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<td>Understanding of your needs</td>
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<td>Timely, efficient service</td>
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<td>Complete and correct service</td>
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<td>Inviting physical environment</td>
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<td>Overall “feeling” after your contact with the Office</td>
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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)