**THE IOWA DISTRICT COURT SEVENTH JUDICIAL DISTRICT**

**ADMINISTRATIVE OFFICE, SCOTT COUNTY COURTHOUSE**

Honorable Marlita A. Greve Kathy M. Gaylord

Chief Judge District Court Administrator

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  In Person [ ]  Telephone

|  |
| --- |
| **Customer Satisfaction Survey** |

1. I contacted the office above in connection with the following: (*check all that apply*)
[ ]  File a New Case [ ]  Schedule a Hearing [ ]  Appear in Court [ ]  Jury Duty
[ ]  EDMS Assistance [ ]  General Inquiry [ ]  Pay a Fine [ ]  Genealogy Research
[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. The person who helped me was: (*check all that apply*)
[ ]  Respectful [ ]  Professional [ ]  Prompt [ ]  Courteous [ ]  Pleasant
[ ]  Knowledgeable [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. The person who helped me: (*check one*)
[ ]  was able to provide the assistance I needed during the visit or call.
[ ]  offered to get back to me with an answer or solution and followed through within one day.
[ ]  offered to get back to me with an answer or solution and did not follow through within one day.
[ ]  referred me to someone else for assistance.
[ ]  was not able to provide the assistance I needed.
4. Please check one box in each row to rate how well our services matched your expectations.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Exceededexpectations | Metexpectations | Less thanexpected | Much lessthan expected |
| Overall quality of services provided |[ ] [ ] [ ] [ ]
| Consistency of services provided |[ ] [ ] [ ] [ ]
| Timeliness of service |[ ] [ ] [ ] [ ]
| Level of professionalism |[ ] [ ] [ ] [ ]

1. How would you rate your overall experience? [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ] 5
 *(worst) (best)*
2. Additional comments and suggestions so that we may continue to improve:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If you would like us to follow up with you, please provide your name and phone number below:
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN YOUR SURVEY: 1) in person in the Court Administration office at the Scott County Courthouse;
2) by email to** **Kathy.Gaylord@iowacourts.gov****; or
3) by mail to Kathy Gaylord, Court Administration, 400 West 4th St., Davenport, IA 52801
Self-addressed stamped envelopes are available for your convenience.**