



City Of Lynn

Office of the Mayor – Room #306
Phone: (781) 598-4000 Fax: (781) 599-8875

.....MAYOR U=\ U ° o'U ' U #8-- FEEDBACK FORM

Date of Visit/Call: _____

Department Visited/Called: _____

Name of Employee (if known): _____

Please tell us how well we are serving you! Please rate on a scale of 1 to 4: 1=Exceptional 2=Good 3=Average 4=Poor

- | | | | | |
|--|---|---|---|---|
| •Were you greeted in a friendly manner? | 1 | 2 | 3 | 4 |
| •Were your transactions handled accurately and completely? | 1 | 2 | 3 | 4 |
| • Did you find the staff knowledgeable and helpful? | 1 | 2 | 3 | 4 |
| •Was the wait time acceptable? | 1 | 2 | 3 | 4 |

Approximate wait time: _____

Did you encounter a positive experience? We want to know!

Comments: _____

Did you encounter a negative experience? We want to know!

Comments: _____

Can you suggest any improvements to our service?

Comments: _____

Contact Information (optional): _____

NAME

ADDRESS

TELE PHONE

E-MAIL ADDRESS

Thank you for your time. You may return this form by one of the following means: forward to the Mayor's Office: online or in person, or you may drop in the Customer Survey Box in the Information Booth (located on the 1st floor at City Hall). The Mayor's Office will review all submitted Feedback Forms and process accordingly. You will receive a written response if you provide your mailing or e-mail address.

Office Use Only:

- Positive Negative
- Sent to Dept Head
- Response Required