

**Environmental health  
customer satisfaction survey**

Do you know your Case/Visit reference number?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Case number				
Please enter your business name				

**Contact with us**

	Not applicable	Very	Quite	Not very	Difficult
How easy was it to find our office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How easy was it to find our opening hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How easy was it to find our telephone number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How easy was it to make initial contact with us?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any comments you would like to make with regards to your initial contact with us, please tell us below.

	Not applicable	Very quickly	Quite quickly	Not very quickly
How quickly did we respond to your initial query/request?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**About our staff**

	Not applicable	Very	Quite	Not very	Not at all
How courteous/friendly they were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How helpful/informative they were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well they listened to your situation/requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How knowledgeable they were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How professional they were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have comments you would like to make with regards to your contact with our staff, please tell us below.

### About our follow up and correspondence

	Not applicable	Very	Quite	Not very	Not at all
How well we let you know what would happen next?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well the officer explained how to comply with any relevant legislation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well the officer explained any specific deficiencies requiring action by you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How clearly any timescales for action/compliance were given?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The accuracy of information relevant to your needs/obligations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any comments regarding how we followed up your case/request (or any site inspection), please tell us below.

	Yes	No
Did you expect a written record/report relating to your case/request (or following a site inspection)?	<input type="checkbox"/>	<input type="checkbox"/>
'If 'Yes', to above question, did you receive a written record/report?	<input type="checkbox"/>	<input type="checkbox"/>

	Not applicable	Very	Quite	Not very
Was any correspondence or written record/report issued in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was any correspondence or written record/report easy to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How clear were any outcome/recommendations that were relevant to your needs/the law.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any specific comments regarding our correspondence, written records or reports, please tell us below.

### Satisfaction

	Not applicable	Very	Quite	Not very	Not at all
The service you received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way we treated you during your case/request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The outcome of your case/request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any comments on how we could improve our service/inspections, please tell us below.

## General information

	Yes	No
Have you used our service before?	<input type="checkbox"/>	<input type="checkbox"/>
Would you be agreeable to us contacting you further regarding your response to this questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>

How did you know about our service?

- You contacted me
- Found on a web search
- Contacted the council
- Other (please specify below)