

Department of Managed Health Care CUSTOMER SERVICE SURVEY

The Business Transportation and Housing Agency and the Department of Managed Health Care would like to provide you with the best possible service and your input is vital to our success. Please help us serve you and others better by taking a few minutes to answer the questions below. Thank you for responding.

What was the nature of your contact with us?

- | | | |
|----------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> General Information | <input type="checkbox"/> Problem Resolution | <input type="checkbox"/> Technical Assistance |
| <input type="checkbox"/> Permitting/Licensing Assistance | <input type="checkbox"/> Registration Assistance | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Assistance | <input type="checkbox"/> | <input type="checkbox"/> |

Check As Appropriate

STATEMENTS	Strongly Agree	Agree	Disagree	Strongly Disagree	No Comment Or N/A
Staff was courteous and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff provided complete, accurate information to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A timely response was provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My overall experience was positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete the section below if your contact with us involved permitting/licensing/registration assistance.

The regulations were understandable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The application instructions were understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The permit/license/registration terms and conditions were understandable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My overall experience was positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the name(s) of any staff person you would like to commend:

Comments:

If you feel we fell short in meeting your service expectations, please describe the situation, including name of the staff person involved and the date the incident occurred.

As a result of your experience with us, what service-related improvements can you recommend?

Optional

Your Name:

E-mail Address:

Daytime Phone:

Mailing Address:

City:

State:

Zip Code:

Print out this survey form and mail it directly to:
Shelley Rouillard, Director
California Department of Managed Health Care
Attn: Customer Survey
980 Ninth Street, Suite 500
Sacramento, CA 95814-2725

Voice: (916) 324-8176
FAX: (916) 322-9430

State of California, Business, Transportation and Housing Agency