

# Customer Services Satisfaction Survey



Customer reference number  
please complete

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## Introduction

Good morning/afternoon, could I speak to Mr/Mrs \*surname\*?

Hello, my name is \*name\* and I am calling from the Borough of Poole.

I am carrying out a survey with customers who have recently contacted us to help to improve our service. Is it convenient to ask you a few questions about your recent contact?

(IF YES)

Thank you. All responses are treated in the strictest confidence and will only be used to identify ways to improve our service.

If you do not wish to answer a particular question for any reason, please let me know and I will move on.

(IF NO)

Thank you for your time, I am sorry for disturbing you.

## Information About Your Call

First of all, I would like to ask some questions regarding your most recent call....

**Q1**

On a scale of 1 to 10, (where 1 is very dissatisfied and 10 is very satisfied) how satisfied or dissatisfied were you with the following factors regarding your call?

Very dissatisfied —————> Very satisfied

1 2 3 4 5 6 7 8 9 10 Don't know n/a

The ease in finding the telephone number to contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How did you find the number to contact us? <i>Please type in.</i>	<input type="text"/>											
The speed in answering your telephone call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The courteousness of the advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The advisor's understanding of your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The advisor's knowledge/ability to deal with your enquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The clarity of any information given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall duration of the call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q2****Do you have any comments on how we handled your call?***Please type comments in the space below (up to 255 characters).***Q3****Is there anything we could do differently in future to improve our service for you?***Please type comments in the space below (up to 255 characters).*

## Contacting the Borough of Poole

**I would now like to ask about how often you contact the Council....****Q4****How often do you contact the Council by phone? PROMPT IF NEEDED.**

- |  |  |
|--|--|
| <input type="checkbox"/> More than once a week | <input type="checkbox"/> About once every 2 to 6 months                      |
| <input type="checkbox"/> About once a week     | <input type="checkbox"/> Less than once every 6 months                       |
| <input type="checkbox"/> About once a month    | <input type="checkbox"/> This is the first time I have contacted the Council |

**Q5****How often do you visit the Council's website, [boroughofpoole.com](http://boroughofpoole.com)? PROMPT IF NEEDED.**

- |  |   |
|--|---|
| <input type="checkbox"/> More than once a week | <input type="checkbox"/> About once every 2 to 6 months |
| <input type="checkbox"/> About once a week     | <input type="checkbox"/> Less than once every 6 months  |
| <input type="checkbox"/> About once a month    | <input type="checkbox"/> Never                          |

## About You

**The next questions will help us to interpret the results and identify ways to improve our service. Your details will remain confidential at all times.****Q6****What age group do you fall into?**  Under 18  18-24  25-44  45-59 60-64  65-74  75 or over**Q7****Do you have any long-standing illness, disability or infirmity? *(long-standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time).***

- 
- Yes (Go to Q8)
- 
- No (you do not need to answer any more questions)

**Q8****Does this illness or disability limit your activities in any way?**

- 
- Yes (Go to next question)
- 
- No

**If yes, in what way does this limit your activities?**

- 
- Hearing
- 
- Mobility
- 
- Visual
- 
- Other
- Please write in below.*

**Thank you very much for taking part in this survey. We will publish a summary of the results in Poole News and on the Council's website.****Please answer this question yourself. Is the respondent male or female?**

- 
- Male
- 
- Female

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