

Dear Maple Heights Resident:

This form can be printed from your computer and either faxed, mailed, or be hand-delivered to us to better serve you. The City of Maple Heights would like to thank you for your call to the City of Maple Heights for assistance. In our continuing effort to improve the service we provide to the residents of Maple Heights, we would like to know the kind of experience you had and what we can do in the future to better service our residents. Please take a moment to provide us with your feedback regarding your experience.

Sincerely,

Mayor Jeffrey A. Lansky
City of Maple Heights, Ohio

Resident Satisfaction Survey

YOUR COMPLETED SURVEY CAN BE: Faxed (216) 587-9012, mailed or dropped off to the attention of Mayor Jeffrey A. Lansky at Maple Heights City Hall – 5353 Lee Rd. – Finance Department or dropped off at the Maple Heights Senior Center – 15901 Libby Rd.

Which Department did you call upon for assistance? (circle one)

Police **Fire** **Service** **Finance** **Building** **Human Svcs/
Recreation** **Unknown**

OVERALL CONTACT WITH CITY

	Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied
1. Please rate your overall satisfaction with your contact with the City of Maple Heights:					

ADDITIONAL COMMENTS: _____

CONTACT WITH CITY STAFF

	Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied
2. Please rate your overall satisfaction with the employees who provided service to you from the City of Maple Heights:					

ADDITIONAL COMMENTS: _____

TIMELY RESPONSE

	Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied
3. Please rate your overall satisfaction with the time between your first call for assistance and the resolution of the matter you requested:					

ADDITIONAL COMMENTS: _____

PLEASE CONTINUE ON REVERSE SIDE OF THIS SURVEY

QUALITY OF PROCESS

	Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied
4. Please rate the following regarding the person(S) who communicated with you throughout the handling of your matter:					
a. Understanding of your needs: _____	_____	_____	_____	_____	_____
b. Explanation of options available to you: _____	_____	_____	_____	_____	_____
c. Accuracy of information provided by the City: _____	_____	_____	_____	_____	_____
d. Service by person who took your call: _____	_____	_____	_____	_____	_____
e. Overall Satisfaction with the complaint process: _____	_____	_____	_____	_____	_____

ADDITIONAL COMMENTS: _____

QUALITY OF STAFF

	Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied
5. Please rate the following regarding the City of Maple Heights resident service process:					
a. Accessibility of person(s) responsible: _____	_____	_____	_____	_____	_____
b. Timeliness of initial contact and follow-up: _____	_____	_____	_____	_____	_____
c. Accuracy of information provided to you: _____	_____	_____	_____	_____	_____
d. Sufficient/complete information provided: _____	_____	_____	_____	_____	_____
e. Quality of service you received throughout process: _____	_____	_____	_____	_____	_____
f. Overall satisfaction with resolution of your matter: _____	_____	_____	_____	_____	_____

ADDITIONAL COMMENTS: _____

Taking into consideration your entire experience, please rate the following:

	Better	Same	Worse
6. How do we compare with other governmental entities you have called upon for service:			

	Definitely Will	Probably Will	Not Sure	Probably Not	Definitely Not
7. Will you refer a relative, friend or colleague to our community for possible new residency:					

Please share any additional comments regarding your experience with the City of Maple Heights. We are interested in your positive feedback, as well as any areas where you see the need for improvement.

Optional

NAME: _____ PHONE NO.: _____

ADDRESS: _____ DATE OF SERVICE: _____

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Thank you for taking the time to fill out this questionnaire!