



How did we do today?

Please complete this survey to tell us about your experience with the City of Grosse Pointe. All surveys are reviewed by City Manager.

PLEASE FILL OUT THE SURVEY, SAVE THE DOCUMENT, ATTACH TO EMAIL, AND SEND TO:
city@grossepointecity.org

Date of Contact: _____

	Excellent	Good	Fair	Poor
Employee Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Fairness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Quality of your Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Purpose of Contact/Visit: _____

	Yes	No
Did you get what you needed?	<input type="checkbox"/>	<input type="checkbox"/>

Please share any additional comments:

Optional Personal Information (Name, address, email):