

Arizona Board of Homeopathic and Integrated Medicine Examiners

Customer Satisfaction Survey

Please let us know how you feel about the service you received from the Board staff. Please take a moment to print this form, fill it out by circling your response to the question.

FAX to 602-542-3093 THANK YOU!

1. The Board staff provided accurate answers to my questions(s).

Excellent Good Satisfactory Fair Needs Improvement

2. The Board staff provided assistance with resolving a request for materials or information.

Excellent Good Satisfactory Fair Needs Improvement

3. The Board staff responded timely (within 24-48 hours).

Excellent Good Satisfactory Fair Needs Improvement

4. The Board staff was courteous.

Excellent Good Satisfactory Fair Needs Improvement

5. The Board staff was professional.

Excellent Good Satisfactory Fair Needs Improvement

6. Did the Board staff direct you to the proper alternative office if they could not respond to your request for information?

Yes No

7. Overall, what is your level of satisfaction with the assistance provided by Board staff?

Excellent Good Satisfactory Fair Needs Improvement

8. What was the purpose of your contact with the Board office?

9. Other comments or suggestions: