# STATE OF IDAHO

BUREAU OF OCCUPATIONAL LICENSES

700 West State Street
P.O. Box 83720
Boise, Idaho 83720-0063
(208) 334-3233
FAX (208) 334-3945
E-Mail: ibol@ibol.idaho.gov
Web: www.ibol.idaho.gov

## SERVICE SURVEY

You recently requested information from the Idaho Bureau of Occupational Licenses. In order for us to improve our service and increase the quality of information we provide, please take a few moments to answer the following questions. Check the appropriate boxes and return the survey to:

**Idaho Bureau of Occupational Licenses**
**P.O. Box 83720**
**Boise, Idaho 83720-0063**
**Email: ibol@ibol.idaho.gov**

Your request was made by: [ ] Telephone [ ] Mail [ ] E-mail [ ] Fax [ ] In Person

Were you treated in a friendly and courteous manner? [ ] Yes [ ] No

Was your request handled in a timely manner? [ ] Yes [ ] No

Did you receive the requested or appropriate information? [ ] Yes [ ] No

Did you have to deal with more than one person in this office? [ ] Yes [ ] No

If "yes" how many? [ ] 1-2 [ ] 3-4 [ ] 5 or more

Please rate the persons you dealt with by checking the appropriate box. If possible, list the names of those you dealt with.

| Position | Name | Poor | Fair | Good | Very good | Excellent |
|---|---|---|---|---|---|---|
| Receptionist | _____ | [ ] | [ ] | [ ] | [ ] | [ ] |
| Board Specialist | _____ | [ ] | [ ] | [ ] | [ ] | [ ] |
| Investigator | _____ | [ ] | [ ] | [ ] | [ ] | [ ] |
| Chief Investigator | _____ | [ ] | [ ] | [ ] | [ ] | [ ] |
| Bureau Chief | _____ | [ ] | [ ] | [ ] | [ ] | [ ] |
| Other | _____ | [ ] | [ ] | [ ] | [ ] | [ ] |

Your additional comments are appreciated: _____

_____

_____

_____

In order to us to provide follow-up, please include your name and address:

_____