



State of Delaware
Department of Transportation
Division of Motor Vehicles

Customer Service Survey

Please take a moment to complete the following survey. Your comments and recommendations are very important to us and will be utilized to continue to provide "First Class Service from the First State".

Jennifer L. Cohan
Director, Division of Motor Vehicles

Customer Service Rating:

	Excellent	Good	Fair	Poor
Courteous Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledgeable Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficiency and Speed of Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Customer Comments: (please feel free to utilize the back of this form for additional comments).

*Please provide the name of the DMV staff member that provided you service: _____

Please provide any comments/recommendations that you believe would allow us to serve you better: (please feel free to utilize the back of this form for additional comments).

Additional Information:

DMV Location: Georgetown Dover Delaware City Wilmington

Date of Service: _____ Would you like a response? Yes No

Customer Name, Address, Telephone Number or Email Address: (Please include if you request response)

You can mail your survey to: **DMV- Customer Service Administrator** You can also email your comments to:

PO BOX 698

Dover, DE 19903