

Budget & Resource Management Customer Satisfaction Survey

Description of services provided: _____

Please rate the service you received recently from our department on a scale of 1 to 5.

5 = Strongly Agree with statement (excellent service).

4 = Agree with statement (high quality service).

3 = Somewhat Agree with statement (satisfactory service).

2 = Disagree with statement (below standard service).

1 = Strongly Disagree with statement (poor quality service).

If a response is not applicable, please mark **n/a**.

The individual who assisted me:

| | | | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---------------------------|
| Understood my needs | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| Worked with me effectively | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| Communicated effectively | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| Followed up with me appropriately | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| Exhibited the right skills and competencies | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| Fulfilled my request in a timely manner/kept in touch with updates regularly | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |

The unit which assisted me:

| | | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---------------------------|
| Helped me achieve my goals & purposes | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| Helped me comply with policies & procedures | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| Delivered what was expected | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| Delivered products in a timely manner | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| Delivered quality products and/or services | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |

Overall Satisfaction:

| | | | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---------------------------|
| Overall, I am very satisfied with the product or service I received | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| Overall, I am very satisfied with the Budget & Resource Management Dept. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |

Unit which assisted you (if applicable):

| | | | |
|---|--|--|---|
| <input type="checkbox"/> Capital Budget | <input type="checkbox"/> Costing Policy | <input type="checkbox"/> Decision Support | <input type="checkbox"/> Institutional Analysis |
| <input type="checkbox"/> Operating Budget & Resource Administration | <input type="checkbox"/> Resource Planning | <input type="checkbox"/> Recharge Operations | |

Optional:

Individual who assisted you (if applicable): _____

For low scores, please provide feedback about how we could improve:

Additional Comments/Suggestions:

*Thank you for taking the time to fill out our customer satisfaction survey!
Please return the completed form to either Box 0825 or email to customerservice@finance.ucsf.edu*