



**City of Seattle**  
**Civil Service Commission**  
700 Fifth Avenue, Suite 1670  
PO Box 94729  
Seattle, WA 98124-4729  
Mail Stop: SMT-16-02

# Customer Service Survey

Please take a moment to comment on your experience with the Commission. Your comments will help us determine if our services are addressing your needs and will help us better serve you and others in the future. Thank you.

**Commission Staff helped me understand the appeal process and procedures.**

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

**Commission Staff were fair and impartial.**

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

**Commission Staff responded to me in a timely manner.**

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

**Commission Staff treated me with respect and courtesy.**

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

**Commission brochures and forms were clear and helpful.**

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

**The Commission website was clear and helpful.**

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

**The Presiding/Hearing Officer helped me understand the hearing process and procedures.**

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

**The Presiding/Hearing Officer treated me with respect and courtesy.**

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

**The Presiding/Hearing Officer was fair and impartial.**

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

**The Appeal and Hearing process gave me an opportunity to be heard.**

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

**The Appeal and Hearing process took place in a timely manner.**

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

**Please turn over and answer questions on the other side.**

**The appeal was regarding:**

☐ Suspension ☐ Discharge/Termination ☐ Demotion ☐ Rule Violation ☐ Other \_\_\_\_\_

**The Appellant was represented by:**

☐ Attorney ☐ Union Representative/Shop Steward ☐ Other \_\_\_\_\_ ☐ Pro Se (Self)

**The Department was represented by:**

☐ Law Dept/Assistant City Attorney ☐ Human Resources ☐ Labor Relations ☐ Management

**Overall how satisfied are you with this process:**

☐ Very Satisfied ☐ Satisfied ☐ Somewhat Satisfied ☐ Dissatisfied ☐ Very Dissatisfied

Additional Comments:

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CSC Number \_\_\_\_\_

Appellant \_\_\_\_\_

Department \_\_\_\_\_

Hearing Officer \_\_\_\_\_

Month/Year of Hearing \_\_\_\_\_

Current Date \_\_\_\_\_

Name (optional) \_\_\_\_\_

**Return to:**

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**Thank You!**