



**COOK COUNTY SHERIFF'S OFFICE
CUSTOMER SERVICE QUALITY SURVEY**

CUSTOMER SERVICE ACTION #
CSA

COURT SERVICES DEPARTMENT		POLICE DEPARTMENT	DEPARTMENT OF CORRECTIONS	
<input type="checkbox"/> Criminal Courts (2650 S. California Ave.) <input type="checkbox"/> Daley Center (50 W. Washington) <input type="checkbox"/> Juvenile (1100 S. Hamilton Ave.) <input type="checkbox"/> Domestic Violence (555 W. Harrison) <input type="checkbox"/> Rolling Meadows (2121 W. Euclid Ave.) <input type="checkbox"/> Skokie (5600 Old Orchard Rd.) <input type="checkbox"/> Maywood (1500 Maybrook Dr.) <input type="checkbox"/> Bridgeview (10220 S. 76 th Ave.) <input type="checkbox"/> Markham (16501 s. Kedzie Parkway)	POLICE COURTS NORTH <input type="checkbox"/> (555 W. Grand Ave.) <input type="checkbox"/> (2452 W. Belmont Ave.) <input type="checkbox"/> (3150 W. Flournoy) POLICE COURTS SOUTH <input type="checkbox"/> (155 W. 51 st St.) <input type="checkbox"/> (727 E. 111 th St.) <input type="checkbox"/> Civil Division: _____ <input type="checkbox"/> Other: _____	HEADQUARTERS (1401 S. Maybrook Dr.) <input type="checkbox"/> Front Entrance <input type="checkbox"/> Bond Window <input type="checkbox"/> Other: _____	<input type="checkbox"/> Division 1 <input type="checkbox"/> Division 2 <input type="checkbox"/> Division 3/8 <input type="checkbox"/> Division 4 <input type="checkbox"/> Division 5 <input type="checkbox"/> VRIC (Boot Camp) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Division 6 <input type="checkbox"/> Division 9 <input type="checkbox"/> Division 10 <input type="checkbox"/> Division 11 <input type="checkbox"/> Division 17 <input type="checkbox"/> Pre-Release
		PERSONNEL		
		<input type="checkbox"/> Daley Center, Room 702 <input type="checkbox"/> Department of Corrections <input type="checkbox"/> Other: _____	OTHER <input type="checkbox"/> Central Warrants <input type="checkbox"/> Other: _____	

Please click on the appropriate number rating your service.					
	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
1. How would you rate the helpfulness and courtesy of staff that greeted you?	1	2	3	4	5
2. How would you rate the professional appearance of staff?	1	2	3	4	5
3. How would you rate the clarity of communication and the ability to answer your questions?	1	2	3	4	5
4. How would you rate the knowledge of services provided by staff?	1	2	3	4	5
5. How would you rate the timeliness of the services provided?	1	2	3	4	5
6. How would you rate the timeliness of completing the transaction? (if applicable)	1	2	3	4	5
7. How would you rate the timeliness of the availability of a supervisor? (if applicable)	1	2	3	4	5
8. How would you rate the degree to which sensitive information was handled? (if applicable)	1	2	3	4	5
9. Overall, how would you rate the service you received?	1	2	3	4	5
10. Comments/Concerns/Suggestions:					

Disclaimer: It is recommended to provide your contact information for verification purposes. In participating in this survey, the participant recognizes that the information provided on this survey is considered confidential and therefore responses will not be released, shared, or published. All information will be reviewed and verified for correctness and accuracy before being investigated.

DATE OF VISIT:	NAME (OPTIONAL):	DO YOU WANT TO BE CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER:	EMAIL ADDRESS:
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