



County of El Paso, Texas

Customer Satisfaction Form

Compliments, Complaints, and other forms of feedback will provide valuable information that will be used to reinforce, improve, and shape the delivery of high quality service to our residents. You must provide your contact information for the report to be validated and processed.

Report Type:		<input type="checkbox"/> Compliment <input type="checkbox"/> Complaint <input type="checkbox"/> Suggestion			Date: <input style="width: 100px;" type="text"/>	
Reporter's Contact Information:						
<small><i>*This information is required for your report to be processed.</i></small>						
*Name (Last, First):		*Phone #:		Email:		
				<input type="radio"/> Preferred		
*Street Address:		*City:		*State:	*Zip Code:	
					<input type="radio"/> Preferred	
Report Details:						
Occurrence Date:			Occurrence Time:			
Location:						
<small>Include an identifying information about the location you are reporting</small>						
Subject of Report:						
<small>Include an identifying information about the person you are reporting</small>						
Description or Suggestion:						
<small>Include information that describes your report</small>						
Witness Information:						
Name		Phone #			E-Mail	
Requested Action						
<small>Describe any specific action you are requesting</small>						
By signing below you certify that the above information is true and correct to the best of your knowledge.						
Signature:				Date:		

<small>Chief Administrator's Office use only</small>						
Received Date:			Received By:			Assigned #:
Submitted Via:	E-mail	Phone	In-Person	Postal Mail	Other: _____	