

Arizona State Board of Dispensing Opticians

Please let us know how you feel about the service you received from the Board staff. Please take a moment to print, and fill out by circling your response to the question.

Customer Satisfaction Survey

1. The Board staff provided accurate answers to my questions(s).

Excellent Good Satisfactory Fair Needs Improvement

2. The Board staff provided assistance with resolving a request for materials or information.

Excellent Good Satisfactory Fair Needs Improvement

3. The Board staff responded timely (within 24-48 hours).

Excellent Good Satisfactory Fair Needs Improvement

4. The Board staff was courteous.

Excellent Good Satisfactory Fair Needs Improvement

5. The Board staff was professional.

Excellent Good Satisfactory Fair Needs Improvement

6. Did the Board staff direct you to the proper alternative office if they could not respond to your request for information?

Yes No Not Applicable

7. Overall, what is your level of satisfaction with the assistance provided by Board staff?

Excellent Good Satisfactory Fair Needs Improvement

8. What was the purpose of your contact with the Board office? (check off all that apply)

- Application/Exam
- Renewal Information
- Questions about Board Law or Rules
- Complaint Information
- Continuing Education Requirements
- Other _____

9. Other comments or suggestions:

Mail to: Board of Dispensing Opticians, 1400 W Washington, Ste 230, Phoenix, AZ 85007
Or **FAX to:** 602-542-3093