

Clarksville-Montgomery County School System  
Customer Feedback

Welcome to the Customer Feedback page of the Clarksville-Montgomery County School System. Please take a moment to let us know how we are doing. Simply select a department and give your feedback. We want you to know that your comments are important to us. Thank you for your feedback.

1. What department would you like to submit a survey for today?

<input type="checkbox"/> Budgeting	<input type="checkbox"/> Property Inventory	<input type="checkbox"/> Benefits
<input type="checkbox"/> Purchasing	<input type="checkbox"/> Risk Management	<input type="checkbox"/> Transportation
<input type="checkbox"/> Communications	<input type="checkbox"/> Safety	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Payroll	<input type="checkbox"/> Instruction	<input type="checkbox"/> Process Management
<input type="checkbox"/> Accounting	<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Custodial Services
<input type="checkbox"/> Textbooks	<input type="checkbox"/> Plant & Facilities	<input type="checkbox"/> Human Resources
<input type="checkbox"/> Student Services	<input type="checkbox"/> Technology	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Budgeting	<input type="checkbox"/>	<input type="checkbox"/>
  
2. I was treated in a courteous and friendly manner. Please provide any comments.

<input type="checkbox"/> Yes
<input type="checkbox"/> No
  
3. The amount of time it took to get a satisfactory response to my request or questions. Please provide any comments.

<input type="checkbox"/> Exceeded my expectations
<input type="checkbox"/> Met my expectations
<input type="checkbox"/> Left me feeling slightly dissatisfied
<input type="checkbox"/> Left me feeling very dissatisfied
  
4. The quality of the products or services I received. Please provide any comments.

<input type="checkbox"/> Exceeded my expectations
<input type="checkbox"/> Met my expectations
<input type="checkbox"/> Left me feeling slightly dissatisfied
<input type="checkbox"/> Left me feeling very dissatisfied
  
5. The person who helped me was knowledgeable in my area of need or referred me to someone who was. Please provide any comments.

<input type="checkbox"/> Yes
<input type="checkbox"/> No
  
6. My overall impression of the services I received was. Please provide any comments.

<input type="checkbox"/> Outstanding
<input type="checkbox"/> Good
<input type="checkbox"/> Fair
<input type="checkbox"/> Poor
  
7. If you would like to tell us anything more about your experience please leave your comments.
  
8. (Optional) **Name**  
**Address**  
**Telephone Number and/or E-mail**
  
9. Would you like to be contacted regarding your customer experience?

<input type="checkbox"/> Yes
<input type="checkbox"/> No