

HOW ARE WE DOING?

DEPARTMENT OF ADMINISTRATIVE HEARINGS

"THE QUALITY OF LIFE COURT"

Richard M. Daley, Mayor



Scott V. Bruner, Director

To help us address and serve the needs of the general public, please complete this survey and provide any additional comments that are necessary. Thank you for your cooperation.

1. Date: _____

2. What location did you visit?

- Central Hearing Facility, Room # _____
 2006 East 95th Street
 2550 West Addison

3. What was the length of your visit?

- 1-30 Minutes
 31-60 Minutes
 Over 1 hour, please explain: _____

4. How would you rate the Hearing Officer in the following categories?

Professionalism

- Excellent Good Needs improvement Poor

Courteousness

- Excellent Good Needs improvement Poor

Informational Knowledge

- Excellent Good Needs improvement Poor

Satisfaction with Process

- Excellent Good Needs improvement Poor

5. How would you rate the **Support Staff** in the following categories?

Professionalism

Excellent Good Needs improvement Poor

Courteousness

Excellent Good Needs improvement Poor

Informational Knowledge

Excellent Good Needs improvement Poor

Satisfaction with Process

Excellent Good Needs improvement Poor

6. How would you rate the **Security** in the following categories?

Professionalism

Excellent Good Needs improvement Poor

Courteousness

Excellent Good Needs improvement Poor

Informational Knowledge

Excellent Good Needs improvement Poor

Satisfaction with Process

Excellent Good Needs improvement Poor

7. How would you rate Non-DOAH personnel: i.e.; corporation counsel, other department representatives, revenue cashiers in the following categories?

Name of other department _____

Name of representative (if known) _____

Professionalism

Excellent Good Needs improvement Poor

Courteousness

Excellent Good Needs improvement Poor

Informational Knowledge

Excellent Good Needs improvement Poor

Satisfaction with Process

Excellent Good Needs improvement Poor

Please explain: _____

8. Were all of your issues resolved/ addressed during your visit?

Yes No If no, please explain: _____

9. How would you rate our hearing facility?

Excellent Good Needs improvement Poor

10. How well did you understand the hearing process?

Very well Well Some Did not understand at all.

11. Additional Comments: _____

(OPTIONAL)

Name: _____ **Phone #** _____