

**Camp Verde Municipal Court  
Customer Service Survey**

The Camp Verde Municipal Court is dedicated to contributing to the quality of life in our community by fairly and impartially administering justice in the most effective, efficient, and professional manner possible. Please take some time to fill out this questionnaire to let us know how well you think we are doing our job.

**INSTRUCTIONS:** When you have completed filling out this survey, please; a) place in the lobby drop box; or b) hand to a member of the Court staff; or c) return by mail to 473 South Main St., Ste. 107, Camp Verde, Arizona 86322

Please indicate your level of satisfaction with the following:

- |   | Very<br>Satisfied        | Somewhat<br>Satisfied    | Somewhat<br>Dissatisfied | Very<br>Dissatisfied     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The overall quality of service.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The extent to which Court staff was able to answer your questions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The professionalism and courtesy of:                               |                          |                          |                          |                          |
| A. Front Counter Staff  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Judge/Hearing Officer  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name: _____   |                          |                          |                          |                          |
| C. Courtroom Staff  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Other _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. If a member of our staff provided you with especially outstanding service, please let us know his/her name.

Name:  
Position/Title:

5. Was your business with the Court as a:
- |                                   |                                    |                                  |
|-----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Defendant | <input type="checkbox"/> Witness |
| <input type="checkbox"/> Victim   | <input type="checkbox"/> Juror     | <input type="checkbox"/> Other   |

6. Court date/time. \_
7. Case number.
8. Suggestions or comments to improve our service to you:

**Optional (if you would like a reply):**

Name: \_

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:

Phone number: \_

***Thank you for taking the time to provide us with your input!***