



City of Seattle
Civil Service Commission
700 Fifth Avenue, Suite 1670
PO Box 94729
Seattle, WA 98124-4729
Mail Stop: SMT-16-02

Customer Service Survey

Please take a moment to comment on your experience with the Commission. Your comments will help us determine if our services are addressing your needs and will help us better serve you and others in the future. Thank you.

Commission Staff helped me understand the appeal process and procedures.

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

Commission Staff were fair and impartial.

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

Commission Staff responded to me in a timely manner.

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

Commission Staff treated me with respect and courtesy.

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

Commission brochures and forms were clear and helpful.

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

The Commission website was clear and helpful.

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

The Presiding/Hearing Officer helped me understand the hearing process and procedures.

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

The Presiding/Hearing Officer treated me with respect and courtesy.

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

The Presiding/Hearing Officer was fair and impartial.

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

The Appeal and Hearing process gave me an opportunity to be heard.

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

The Appeal and Hearing process took place in a timely manner.

1. Strongly Agree 2. Agree 3. Neither Agree nor Disagree 4. Disagree 5. Strongly Disagree

Please turn over and answer questions on the other side.

The appeal was regarding:

Suspension Discharge/Termination Demotion Rule Violation Other _____

The Appellant was represented by:

Attorney Union Representative/Shop Steward Other _____ Pro Se (Self)

The Department was represented by:

Law Dept/Assistant City Attorney Human Resources Labor Relations Management

Overall how satisfied are you with this process:

Very Satisfied Satisfied Somewhat Satisfied Dissatisfied Very Dissatisfied

Additional Comments:

CSC Number _____

Appellant _____

Department _____

Hearing Officer _____

Month/Year of Hearing _____

Current Date _____

Name (optional) _____

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Thank You!