

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

**CALIFORNIA BOARD OF OCCUPATIONAL THERAPY**

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Customer Service Evaluation Form

Name: Date:

Address:

City:

State:

Zip:

Telephone Number(s):

Work: ( ) Home: ( ) Mobile ( )

What was the nature of your contact with the board?

Description of the situation (please use additional pages, if needed):

Date of Contact/Service:

Employee(s) contacted (if

known): How was this contact made: □ By Phone □ By Mail □ In Person This is: □ A Complaint □ A Comment

Has the problem been resolved? □ Yes □ No If not, what resolution are you requesting?

What suggestions would you provide to the board to avoid such a problem in the future?