

ISLE CARES

CHOICE • ACCOUNTABILITY • RURAL HERITAGE • EXCELLENCE • SERVICE

We **welcome** your feedback!

Please take a moment to complete both sides of this card and let us know how well we served you today.

Date: *(month/day/year)*: _____

Name of Customer Service Representative or Staff Member:

_____

Department:

_____

Type of Issue:

_____

Please complete the reverse side of this card.

CARE CARD

Was your issue resolved to your complete satisfaction? *(check one)*: ☐ YES ☐ NO

If you answered **no** to the previous question, was this due to the customer service you received or a policy/regulation? *(check one)*:

☐ Customer service provided ☐ Policy/Regulation

How would you rate the overall customer service you received? *(circle one)*:

☐ Unsatisfactory ☐ Met Expectations ☐ Exceeded Expectations

What could we have done better or consider in the future?:

_____

_____

_____

Additional Comments:

_____

_____

_____

_____

Your Name & Contact Information *(email or phone number)*:

_____

If you prefer, you can complete an online "Care Card" at ***www.isleofwight.gov/islecares***

Thank you!