

Department Performance Survey Template

All questions are optional. Follow each question's directions.

Write your answers to the open questions in the space provided.

Answer about the named department and a request or service you used during the past 90 days. All questions are optional. Do not name coworkers, include confidential case details, or use this survey for an urgent complaint.

1. Which type of request or service did you use?

- ☐ Information or guidance
- ☐ Approval or decision
- ☐ Technical help
- ☐ Resource or equipment
- ☐ Data or report
- ☐ Coordination or handoff
- ☐ Another service
- ☐ Prefer not to say

2. How clear was the request or submission process?

- ☐ Very unclear
- ☐ Somewhat unclear
- ☐ Neither unclear nor clear
- ☐ Somewhat clear
- ☐ Very clear
- ☐ I did not use a formal process

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3. How quickly did you receive the first useful response?

- ☐ The same day
- ☐ Within 1–2 working days
- ☐ Within 3–5 working days
- ☐ After more than 5 working days
- ☐ I did not receive a useful response
- ☐ I am not sure

4. How often did you know who owned the next step?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Not applicable

5. How well did the final outcome address your original need?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Very well
- ☐ Completely
- ☐ The request is still open

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6. Which step most needs review?

- ☐ Finding the right contact
- ☐ Submitting the request
- ☐ Ownership or assignment
- ☐ Progress updates
- ☐ A handoff between teams
- ☐ Final resolution
- ☐ Follow-up
- ☐ No step needs review

7. What one change would improve this department's service? Please do not name coworkers or include confidential case details.
