

**COUNTY OF TRINITY**  
**PLEASE HELP US SERVE YOU BETTER**

Date: \_\_\_\_\_

1. Name of County Department in which you were conducting business:

\_\_\_\_\_

2. Name of County Employee assisting you: \_\_\_\_\_

3. Were you greeted with "May I help?"      Yes       No

4. How would you rate the treatment you received?

Very Good       Good       Fair       Poor

5. Do you feel this person tried to be:

Helpful       Didn't Care

6. Was everything explained to your satisfaction?

Yes       As Well as Possible       Not at All

7. You would rate your overall experience with this department?

Very Good       Good       Fair       Poor

8. Comments:

Optional Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_

Please Return to: Board of Supervisors  
PO Box 1613  
Weaverville, CA 96093-1613