







Public Records Customer Experience Survey

1. Please enter your Request ID number without any dashes or spaces:
(ID numbers are auto-assigned and will look similar to this: 201801PRR1234)
2. Please indicate your satisfaction with the following:

	VERY SATISFIED		SATISFIED		VERY UNSATISFIED
					
					
a. The ease of submitting your public records request	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
b. The time it took to fulfill your request(s)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
c. The overall process of fulfilling your request	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
d. The overall service you received from public disclosure staff	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

That completes our survey. Thank you very much for your input. We appreciate it.

Please send your completed survey to:

DSHS Public Records Officer
Office of the Secretary
Office of Information Governance
P.O. Box 45135, Olympia, WA 98504-5135
Fax: (360) 902-7855 / DSHSPublicDisclosure@dshs.wa.gov