



Your Experience with QC <DEPT NAME> Services

Thank you for contacting the Queens College <DEPT NAME>. Please take moment to tell us about your experience with our services. Your feedback will help us better serve Queens College students.

This form will take approximately **2 minutes** to complete and your responses will be **anonymous**.

We thank you in advance for your thoughtful responses!

Your Feedback on <DEPT> Services

1. During your more recent interaction with us, what **type of support** was provided to you?

Check any that apply

- ☐ Help with ...
- ☐ Information about ...
- ☐ Guidance on ...
- ☐ Assistance completing ...
- ☐ Support with understanding ...
- ☐ Resolution of an issue related to ...
- ☐ Advice regarding ...
- ☐ Filing or submitting ...
- ☐ Appeal or petition for ...
- ☐ Change or correction to ...
- ☐ Other

2. How would you rate your overall **satisfaction** with the services above?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neutral
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

3. Thinking about your **interactions with our staff**, how would you rate the following qualities overall?

	Excellent	Good	Ok	Poor	Very Poor
Knowledge / Expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of responses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clarity of communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Accessing <DEPT> Services

4. Overall, how easy or difficult is it to **access** our services?

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Neither easy nor difficult
- ☐ Somewhat difficult
- ☐ Very difficult

5. Did you experience any of the **challenges** below?

(Check any that apply)

- ☐ No appointments available
- ☐ Appointments are not at times I can attend
- ☐ Lack of responsiveness from staff
- ☐ Unhelpful or unclear information
- ☐ Other

6. Do you require any **further assistance** from us?

- ☐ Yes
- ☐ No

7. If yes, please provide an email address where we can reach you:

Final Thoughts

8. Overall, how would you **rate the <DEPT NAME>**?



9. Do you have any **suggestions** for how we can better support QC students?

10. Is there **anything else** you would like to say or share?

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