



**CUSTOMER SERVICE SURVEY  
(OPTIONAL)**

Fax completed forms to LEADS at (614) 995-1230 or return by mail to:

LEADS  
P.O. Box 182075  
Columbus, OH 43218-2075

NAME OF LEADS EMPLOYEE(S)				
DATE OF SERVICE				
<input type="checkbox"/> TRAINING	<input type="checkbox"/> AUDIT	<input type="checkbox"/> TECHNICAL AUDIT	<input type="checkbox"/> HELP DESK	<input type="checkbox"/> OTHER
AGENCY NAME				

**PUNCTUALITY**

<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Below Expectations
---	---	---

**APPEARANCE**

<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Below Expectations
---	---	---

**QUALITY OF WORK**

<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Below Expectations
---	---	---

**COMMUNICATION**

<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Below Expectations
---	---	---

**PROFESSIONALISM**

<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Below Expectations
---	---	---

**QUALITY OF INFORMATION AND / OR TRAINING PROVIDED**

<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Below Expectations
---	---	---

ADDITIONAL COMMENTS
---------------------