



**Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201
(800) 852-5494, (501) 371-2640, (501) 371-2799 fax**

CONSUMER SERVICES SURVEY

Please rate the following statements regarding your recent contact with the Consumer Services Division of the Arkansas Insurance Department.

My first contact with the Consumer Services Division was by: Phone Visit to the Office Web Mail Expo

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Overall, how satisfied were you with your initial contact with the Consumer Services Division?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If your first contact was a visit to our office:				
▪ How satisfied were you with the helpfulness of the receptionist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ How satisfied were you with the overall office appearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How satisfied were you with the timeliness of the follow-up after your initial contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How satisfied were you with the service provided by _____ (name of investigator) in the following areas?				
▪ Courtesy / Friendliness / Concern Displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Knowledge / Expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Ease of Contacting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Timely Return of Phone Calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Follow-through on Promised Action(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Information Provided During the Complaint Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Resolution of Issues or Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Likely	Somewhat Likely	Somewhat Unlikely
Based on your experience:			
▪ How likely are you to again use the Consumer Services Division?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ How likely are you to recommend the Consumer Services Division to a friend or family member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How could we have made this a better experience? _____

How can we improve our service? _____

