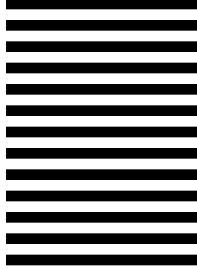




NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1415 SACRAMENTO CA

POSTAGE WILL BE PAID BY ADDRESSEE

OFFICE OF THE DIRECTOR
DEPARTMENT OF MOTOR VEHICLES
PO BOX 932328, MS F500
SACRAMENTO CA 94299-9982



(Fold Here / eare Here)

Please do not include any identifying information such as your driver license number, social security number, or credit card information.

Comments:

Horizontal lines for writing comments

(Tape Here / eare Here)

YOUR OPINION MATTERS!

How
are we
doing



Scan the QR Code or visit
SURVEY.DMV.CA.GOV



Superior customer service is our #1 goal at your DMV. You should receive courteous, efficient and accurate service with every contact you have with us, whether by phone or in person.

Here is why we want your opinion:

- To get a better understanding of **your** DMV experience.
- To share **your** opinions with the people who served **you**.
- To focus our efforts on the most important things that will improve **your** service on your next contact with us.

Please remember these tips for when you need to contact the DMV in the future:

- Visit the DMV website at **www.dmv.ca.gov** to make an appointment, to complete a transaction, and to obtain DMV information and publications, including the driver handbook and various forms.
- Use our telephone services by calling **1-800-777-0133**. Using our automated phone system, you can handle many transactions or request forms, including the driver handbook that we will mail to you at no charge.
- Complete your vehicle registration in several ways: Online by using the "DMV Now" mobile app, by US mail, by using the automated phone system, at one of our self-service terminals (SST), or at a participating business partners (example: AAA).
- Renew your driver license in several ways: Online, by mail or by using the automated phone system if your renewal notice states you are eligible.

So please **detach this survey card** at the perforated line and place it in the DMV Express Box (if you are in one of our offices) or drop it into the US mail (it is pre-paid, no postage necessary).

Please note: If you want us to contact you, or if you are giving detailed information about your experience, do **not** include any of your key private identifying information such as your driver license number, social security number, or credit card information. Thank you.

DETACH HERE

Customer Feedback Card

Date of Visit _____

Please PRINT all your information.

Time of Visit _____

- How satisfied were you with your DMV experience? (**Please ✓ a box below**)

☹							☺
Extremely Unsatisfied	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied	Extremely Satisfied	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Which office location did you visit? (**Please include city**) _____

- What was the reason for your visit? (**Please ✓ all that apply**)

<input type="checkbox"/> ID Card	<input type="checkbox"/> Driver License	<input type="checkbox"/> Behind the Wheel Drive Test
<input type="checkbox"/> Vehicle Registration	<input type="checkbox"/> Other _____	

- Did you have an appointment? Yes or No
- Were you able to complete your intended transaction? Yes or No
- Please tell us how satisfied you were with: (**Please ✓ a box below**)

	☹						☺
	Extremely Unsatisfied	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied	Extremely Satisfied
Wait Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service from DMV Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Provided to You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of Building/ Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do you have a (**Please check ✓ a box**) ☺ COMPLIMENT or a ☹ CONCERN about your experience?

Employee's Name or Concern (more space on back of form): _____

- If you would like to be contacted, please **PRINT** your NAME and ADDRESS, TELEPHONE NUMBER, or EMAIL.