

Federally Insured by NCUA, Equal Housing Lender

## **Online Survey**

First Name:	Last Name:
Submitted on:	
Date of your transaction: (required)	
Time of Transaction: (required)	
Full Account Number: (required)	
Employee Who Helped You (Name or Teller #): (required)	
Below, please rate the quality	y of service you received from our employee. Please check only one box per question.
Promptness (required)	O Excellent O Above Average
	O Satisfactory
	O Needs Improvement
	O Poor
	O Excellent
Accuracy (required)	O Above Average
	◯ Satisfactory
	O Needs Improvement
	O Poor
	O Excellent
Courtesy (required)	O Above Average
	◯ Satisfactory
	O Needs Improvement
	O Poor

Professionalism (required)	<ul> <li>Excellent</li> <li>Above Average</li> <li>Satisfactory</li> <li>Needs Improvement</li> <li>Poor</li> </ul>
Overall Satisfaction (required)	<ul> <li>Excellent</li> <li>Above Average</li> <li>Satisfactory</li> <li>Needs Improvement</li> <li>Poor</li> </ul>
Did the employee offer you a product? (required)	O No O Yes
If the answer is yes to the question above, what product did they offer? (If no product was offered, type in None or N/A) (required)	
Other Comments:	