



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 of service you received from our employee. Please check only one box per question.

Promptness (required)	<input type="radio"/> Excellent <input type="radio"/> Above Average <input type="radio"/> Satisfactory <input type="radio"/> Needs Improvement <input type="radio"/> Poor
-----------------------	---

Accuracy (required)	<input type="radio"/> Excellent <input type="radio"/> Above Average <input type="radio"/> Satisfactory <input type="radio"/> Needs Improvement <input type="radio"/> Poor
---------------------	---

Courtesy (required)	<input type="radio"/> Excellent <input type="radio"/> Above Average <input type="radio"/> Satisfactory <input type="radio"/> Needs Improvement <input type="radio"/> Poor
---------------------	---

Professionalism (required)	<input type="radio"/> Excellent <input type="radio"/> Above Average <input type="radio"/> Satisfactory <input type="radio"/> Needs Improvement <input type="radio"/> Poor
Overall Satisfaction (required)	<input type="radio"/> Excellent <input type="radio"/> Above Average <input type="radio"/> Satisfactory <input type="radio"/> Needs Improvement <input type="radio"/> Poor
Did the employee offer you a product? (required)	<input type="radio"/> No <input type="radio"/> 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:	