

OBMI Customer Satisfaction Survey

Your opinions are very important to us!

Please take a moment and let us know how we are doing.

Please fill out this form – then Fax (971-673-0218) or mail it back to our office. Thank you!

1.) What Type of **Service** did we provide you? Licensing Consumer Help Other Assistance

2.) How did we do with our **Timeliness**?
Excellent ☺ Good 👉 Fair ☹ Poor ☹

3.) How was our **Accuracy**?
Excellent ☺ Good 👉 Fair ☹ Poor ☹

4.) How did we do with our **Helpfulness**?
Excellent ☺ Good 👉 Fair ☹ Poor ☹

5.) How was our **Expertise**?
Excellent ☺ Good 👉 Fair ☹ Poor ☹

6.) How easy was the **Availability** of our Information?
Excellent ☺ Good 👉 Fair ☹ Poor ☹

If Needed.... Please take a moment and give us some feedback below to help us improve our Customer Service to our customers. Thank you!

Fax or Mail This Survey To:

OREGON BOARD OF MEDICAL IMAGING
800 NE Oregon Street – Suite 1160A
Portland, OR 97232-2162

Phone: (971) 673-0215 / Fax: 971-673-0218

Website: <http://www.oregon.gov/OBMI>

Email: OBMI.Info@state.or.us

Date Received:

For Office Use Only