



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
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Customer Service Evaluation Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s):

Work: (_____) _____ Home: (_____) _____ Mobile (_____) _____

What was the nature of your contact with the board?

Description of the situation (please use additional pages, if needed):

Date of Contact/Service: _____

Employee(s) contacted (if known): _____

How was this contact made: By Phone By Mail In Person

This is: A Complaint A Comment

Has the problem been resolved? Yes No

If not, what resolution are you requesting?

What suggestions would you provide to the board to avoid such a problem in the future?
