



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?
