

# CT/EX Signature Line Survey - Updated

Thank you for participating in this survey! Your identity and responses will remain anonymous. Your responses will be used to improve services to better assist and support you. Your participation is greatly appreciated.

\* Required

1. Please select your office. \*

Select your answer



2. Please identify the CT/EX team that provided the service you received. \*

☐ Budget

☐ General Services

☐ Human Resources

☐ IT

☐ Travel

☐ Contracting

☐ N/A - I want to provide general feedback

Submit

3. Indicate your level of agreement with the statements in relation to your engagement with CT/EX:

	Strongly Agree	Somewhat Agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Unsure
CT/EX staff completed my request in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT/EX staff provided clear and sufficient communications on my request.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT/EX staff provided high-quality service(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Is there anything that the CT/EX staff member could have done to improve your rating? \*

Enter your answer

5. Please provide any additional comments below regarding the above survey. (What did we do well? What can we do even better?)

Enter your answer

**Submit**

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