

HOW ARE WE SERVING YOU?

The Department of Parking & Traffic is dedicated to providing the public with the highest level of customer service possible. Please take a few minutes to fill this form out and help us identify areas that need improvement. Thank you.

OPTIONAL (required if you wish a response; please print neatly):

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Date of your office visit: _____

OR

Date/location of complaint incident: _____

1. What was the reason for your visit?

Ticket Payment _____ Ticket Protest _____ Ticket/Tow Hearing _____ Parking Permit _____
Other _____

2. How long was your wait for a clerk _____ or a hearing _____?

0-10 minutes _____ 10-20 minutes _____ 20-30 minutes _____ 30-45 minutes _____
45-60 minutes _____ more than one hour _____ more than two hours _____

3. Was your wait comfortable? Yes No

If no, why? _____

4. Did you find the staff to be informative, helpful and courteous? Yes No

If no, why? _____

5. Were all of your questions answered? Yes No

If no, why? _____

6. If you came in for a hearing, did you find the process to be fair? Yes No

If not, please explain _____

Did you receive an adequate explanation on your ruling? _____

7. If you are reporting a specific incident, including an incident that took place outside of our offices, please briefly describe the nature of your complaint:

Complaint lodged against/employee information:

Employee Name: _____

Work Location/Division: _____

Citation Number or License Plate Number: _____

This form may be returned to any of our offices in person or sent to: MTA Executive Director, 1 So. Van Ness Avenue, 7th Floor, San Francisco, CA 94103-5417, (415) 701-4322 fax. Thank you.