

**DEPARTMENT OF PURCHASING AND CONTRACTING
DEKALB COUNTY, GEORGIA**

DATE: _____

Your Name: _____
(Optional)

Company Name: _____
(Optional)

Email Address: _____
(Optional)

Phone Number: _____
(Optional)

IN ORDER FOR US TO SERVE YOU BETTER, PLEASE RATE OUR SERVICE DELIVERY FOR EACH OF THE FOLLOWING QUESTIONS ON A SCALE OF 1 TO 5, WITH 1 BEING VERY DISSATISFIED AND 5 BEING VERY SATISFIED:

A. How would you rate the overall performance of the Purchasing and Contracting Department?

B. How would you rate the Purchasing and Contracting Department's efforts to provide excellent service?

C. How would you rate the Quality of Service provided by Purchasing and Contracting?

D. How would you rate the Purchasing and Contracting staff's knowledge of Procurement Procedures.

E. Did you receive timely follow up from the Purchasing and Contract Staff Member?

F. How well has Purchasing and Contracting helped you understand DeKalb County's Procurement process?

G. Would you like a member of the Purchasing and Contracting Staff to contact you about your concerns?

Please note any additional comments you may have below:

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