

Jackson State Community College
Business Services Department
Evaluation of Services

Date of Visit: _____ Name (optional): _____

You Are: Student Faculty Staff Visitor

Type of Transaction: Account Payment Account Refund Service _____

Please rate the following:

	Excellent	Good	Average	Fair	Poor
Attitude of Employee:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speed of Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (How can we better serve you?):

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