

# Your Information

Sharing your information helps us determine where to share your feedback. Providing your name and contact information is optional.

## 8. You are a:

- Applicant
- Landlord
- Participant in a HACSB program

### Please specify which program you participate in:

- Family Self-Sufficiency (FSS) program
- Emergency Housing Voucher (EHV) Program
- Housing Opportunities for Persons with AIDS (HOPWA)
- Mainstream
- No Child Left Unsheltered
- Streamlined Lease Assistance (SLA)
- Term-Limited Lease Assistance (TLA)
- Veterans Affairs Supportive Housing (VASH)
- Other program
- Unknown
- Prefer not to answer

## 8. You are a: (Continued)

- Resident of a HACSB community

What is the name of the HACSB community where you reside?

- Vendor/Contractor
- Other (please specify):
- Prefer not to answer

Your Name:

Your Email:

Your Phone Number:

Your Address:

Please return your response to your local office or mail to:

### HACSB

Attn: Customer Service Committee  
715 East Brier Drive  
San Bernardino, CA 92408  
or complete online at  
[www.hacsbs.com](http://www.hacsbs.com)



Housing Authority of the  
County of San Bernardino  
Building Opportunities Together

# CUSTOMER SERVICE

# SURVEY



SCAN ME

HACSB is committed to providing excellent customer service. Please tell us how we are doing by completing the following survey.

**1. What was the main reason for your interaction with HACSB today?**

- Asked a question or made a request
- Submitted information
- Reported an issue or concern
- Attended an appointment or briefing

**2. How did you interact with HACSB?**

- Office Visit
- Briefing (FOA/Voucher)
- Phone Call
- Email
- HACSB Website
- Online Applicant Portal
- Online Landlord Portal
- Online Resident Portal
- Other (specify):

**3. Which office did you visit?**

- Barstow
- Colton
- Chino
- Kingsley Patio
- Las Palmas
- Maplewood Homes
- Redlands
- San Bernardino - Waterman Avenue
- San Bernardino - Brier Drive
- Upland
- Victorville
- Yucaipa Crest
- Yucaipa Terrace

**4. Which HACSB staff member(s) did you interact with (if known)?**

**5. How satisfied are you with the quality of customer service you received?**

- Completely satisfied
- Somewhat satisfied
- Not at all satisfied

Please tell us why you answered this way:

**6. Did the service you received meet your expectations?**

- Completely
- Somewhat
- Not at all

Please tell us more about how we did or did not meet your expectations:

**7. Comments and/or Suggestions**