

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.hacsb.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