# CDOT Logo CDOT: ROW Customer Service Survey and Demographic Information Form

We at CDOT are striving to provide excellent customer service and to insure compliance with Title VI. For that, we require your assistance. Please take a moment to fill out this survey and provide us your constructive input. Please skip any questions that are not applicable to your experience. Please return this survey to us in the provided envelope, or send to: CDOT – ROW, 2829 West Howard Place, Denver, CO 80204.

To be filled out by CDOT Staff:

Region:\_\_\_\_\_\_\_\_\_ Project Code:\_\_\_\_\_\_\_\_\_\_\_\_ Parcel:\_\_\_\_\_\_\_\_\_\_\_\_ Project No.:\_\_\_\_\_\_\_\_\_\_\_\_

## CDOT's Appraiser

1. What was the CDOT Appraiser’s name who worked with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How well did the Appraiser explain the appraisal process to you? (Please circle one)

Excellent Very Good Good Fair Poor

3. How well did the Appraiser work with you when your appraisal visit was conducted? (Please circle one)

Excellent Very Good Good Fair Poor

4. Were your questions answered in a clear and timely manner? (Please circle one)

Yes No Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Acquisition Agent

1. What was the Agent’s name who worked with you on Acquisition? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How well did the Acquisition Agent explain the project as it related to your property? (Please circle one)

Excellent Very Good Good Fair Poor

3. Were you comfortable with the amount of time you had to consider the offer for your property?

Yes No Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Were your questions answered by the Acquisition Agent in a clear and timely manner?

Yes No Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Relocation Agent

1. What was the Agent’s name who worked with you on Relocation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How well did the Relocation Agent explain the project as it related to your property? (Please circle one)

Excellent Very Good Good Fair Poor

3. Were you comfortable with the amount of time you had to consider your Relocation offer?

Yes No Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Were your questions answered by the Relocation Agent in a clear and timely manner?

Yes No Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Other

Do you have any other comments or questions about the service we provided? Please feel free to write on the back of this form. Please include your name and contact information if you would like a response.

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| Optional Demographic Information | The following questions are optional and intended to help CDOT comply with Title VI of the Civil Rights Act of 1964. |
| 1. What is your gender?   *Female*\_\_\_ *Male\_\_\_* | 2. What is your race/ethnicity? (Please circle one)  *Black or African American Asian*  *Native Hawaiian/Pacific Islander*  *White/ Caucasian American Indian/Alaskan Native*  *Hispanic/Latino Other* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. What is your primary language? | 4. If you are a residential displace: (Please circle one)  Is your household income above $12,000? Yes No |
| 5. How many persons are in your household? \_\_\_\_\_ | |