



**CUSTOMER SERVICE FEEDBACK FORM**

Thank you for taking the time to share your experience at the Mecklenburg County Clerk of Superior Court's Office. Customer service is critical to gaining and sustaining public trust and confidence in the courts. Your feedback is invaluable in learning how we can better serve you and the broader community! We look forward to reviewing and responding to your comments.

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***Customer Contact Information***

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

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***Customer Comments & Feedback***

Clerk Division \_\_\_\_\_ Type of Case \_\_\_\_\_  
 Court Personnel Involved \_\_\_\_\_ File Number \_\_\_\_\_  
 Date & Time of your interaction with the Clerk's Office \_\_\_\_\_

Please describe your experience with the Clerk's Office:

\_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Managerial Action Steps (Clerk's Office Use Only):***

- Supervisor: \_\_\_\_\_  
 \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_
- Manager: \_\_\_\_\_  
 \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_
- Clerk & HR: \_\_\_\_\_  
 \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_