

CUSTOMER FEEDBACK FORM
Santa Clara County Superior Court
Self Help Center/Family Law Facilitator's Office/Restraining Order Help Center/
Family Court Clinic ("SHC/FLFO")

This is an explanation of SHC/FLFO's customer feedback and complaint resolution process. Please feel free to use this form to make positive comments about a good experience you had working with staff and volunteers at our office as well as complaints and suggestions for improvement. Our goal is to provide the best customer service possible in the most efficient manner. Please complete the form below and submit it in one of the following ways:

- In person at our main office located at 201 N. 1st St., San Jose, CA 95113
- By mail at Superior Court, 191 N. 1st St., San Jose, CA 95113
- Online by scanning and emailing the completed form to selfhelp@scscourt.org

The Supervising Attorney or his/her designee will review your completed form upon receipt or within a reasonable time. If your comments are about the Supervising Attorney, the form will be reviewed by his/her supervisor. This process may involve, among other steps, interviewing the SHC/FLFO staff member or volunteer involved, a review of the documents prepared, if available, and other work performed. You may also be contacted by telephone for an interview if it is deemed necessary. A written response will be mailed to you within 30 days of the receipt of your form.

Please note that we can only address comments about SHC/FLFO staff, volunteers and procedures. We cannot address comments or complaints about other offices of the Court , Judicial Officers, or outside agencies. Also, we are bound by the guidelines set forth by state law and local rules. We cannot give legal advice and cannot respond to all questions and requests for assistance.

CUSTOMER FEEDBACK FORM

Thank you for taking the time to share your comments with us. Please answer all of the following questions with as much detail as possible.

1. YOUR FULL NAME: _____

2. TODAY'S DATE: _____

3. YOUR MAILING ADDRESS: _____

4. YOUR DAYTIME TELEPHONE NUMBER: _____

5. YOUR COURT CASE NUMBER(S), if any : _____

6. WHEN DID THIS HAPPEN? (date or timeframe like "last week"): _____

7. WHAT ARE YOUR COMMENTS ABOUT? (check one):

SHC/FLFO staff or volunteer (name or description of that person): _____

SHC/FLFO procedures (hours, wait times, etc.): _____

Other (specify): _____

8. WHAT ARE YOUR COMMENTS? (please be detailed and specific)

9. WHAT WOULD YOU LIKE US TO DO IN RESPONSE TO YOUR COMMENTS?

10. WHAT OTHER INFORMATION DO YOU THINK IS IMPORTANT FOR US TO KNOW?

*******DO NOT WRITE BELOW THIS LINE*******

Date Received: _____ Date Reviewed: _____ Date Reviewed: _____

By (initials): _____ By (initials): _____ By (initials): _____