

**CALIFORNIA GAMBLING CONTROL COMMISSION**

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**STAFF RELATIONS SURVEY**

To help us better serve you, please complete the **Staff Relations Survey** below. The information provided via the survey will be CONFIDENTIAL and will only be shared with the California Gambling Control Commission's Executive Management. This information will be used to ensure that the Commission is effectively and accurately communicating with applicants, licensees, and the public.

<b>Name (Optional)</b>	
<b>License Type</b>	<input type="checkbox"/> State Gambling License <input type="checkbox"/> Third-Party <input type="checkbox"/> Key Employee <input type="checkbox"/> Work Permit <input type="checkbox"/> Finding of Suitability – Vendor <input type="checkbox"/> Finding of Suitability – Tribal Key
<b>Address (Optional)</b>	
<b>E-mail (Optional)</b>	
<b>Phone (Optional)</b>	

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Commission staff was courteous and professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Commission Staff was knowledgeable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I was satisfied with my interaction with the Commission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. It is easy to find information on the Commission's website.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. What was the purpose of your contact with the Commission?
6. Additional comments or suggestions:

Please click below to:

**SUBMIT**