State of Delaware
Department of Transportation
Division of Motor Vehicles

Customer Service Survey

Please take a moment to complete the following survey. Your comments and recommendations are very important to us and will be utilized to continue to provide
"First Class Service from the First State".

Thank you,

Jennifer L. Cohan
Director, Division of Motor Vehicles

Customer Service Rating:

	Excellent	Good	Fair	Poor
Courteous Staff	☐	☐	☐	☐
Knowledgeable Staff	☐	☐	☐	☐
Efficiency and Speed of Service	☐	☐	☐	☐
Overall Experience	☐	☐	☐	☐

Customer Comments: (please feel free to utilize the back of this form for additional comments).

Please provide the name of Specialist/Technician that providing you service:

_____

Please provide any comments/recommendations that you believe would allow us to serve you better: (please feel free to utilize the back of this form for additional comments).

Additional Information:

Lane Location: **Georgetown** ☐ **Dover** ☐ **New Castle** ☐ **Wilmington** ☐

Date/Time of Service: _____ Would you like a response? Yes ☐ No ☐

Customer Name, Address, Telephone Number & Email Address:

You can mail your survey to: **DMV – Customer Service Administrator**
PO BOX 698
Dover, DE 19903

You can also email your comments to: **Click to EMail**