

Department of Consumer Affairs
Bureau of Automotive Repair

CONSUMER AND INDUSTRY SURVEY CARDS PRESENTATION

Bill Thomas, Enforcement Planning and Oversight
BAR Advisory Group Meeting
April 22, 2014

CONSUMER/INDUSTRY SURVEY BACKGROUND

- Historically, BAR has surveyed both consumers and industry to obtain feedback from both stakeholders in the complaint process
- Previously, post cards were sent to both
- Approximately 4 years ago, DCA/BAR switched to Survey Monkey with link in closure letter
- 2-3% response rate
- BAR developed optional response methods
 - Post Card
 - QR Code linked to Survey Monkey
 - Link to Survey Monkey in letter

DEPARTMENT OF CONSUMER AFFAIRS BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
BAR
Bureau of Automotive Repair

ENFORCEMENT PLANNING & OVERSIGHT
10949 North Mather Blvd, Rancho Cordova, CA 95670
P (916) 403-8060 F (916) 464-3405 | www.bar.ca.gov



[Month day year]

[Consumer's Name]
[Street Address]
[City, State, Zip]

[Complaint Number]
[Repair Facility's Name]
[ARD Number]

Dear [Consumer's Name]:

Your complaint concerning the automotive repair difficulties you encountered has been reviewed by this office. We have discussed your complaint with the above named repair dealer and have closed this complaint. Your correspondence has been made a part of our records and will be retained in the automotive repair dealer's file. Thank you for bringing this matter to our attention. If you have any questions about the result of this complaint, please contact us at the phone number listed above on our letterhead.

We value your opinion, and your feedback is important to us. Please take a few minutes to complete an online survey by visiting www.surveymonkey.com/s/consumeraffairs or complete the enclosed postcard and simply drop it into a mailbox, or use your cell phone to scan the QR Code below to complete the survey. When prompted, please enter the Complaint Number listed above.

Thank you for your participation in our consumer survey.

Sincerely,

BAR Field Office Management



Consumer Satisfaction Survey

Help us improve our service!

Please complete this survey, or take it online at:

surveymonkey.com/s/consumeraffairs

1. Board/Bureau: _____

2. Complaint Number: _____

Rate the following, using the scale: very poor — very good

3. How well did we explain the complaint process to you?

4. How clearly was the outcome of your complaint explained to you?

5. How well did we meet the time frame provided to you?

6. How courteous and helpful was staff?

7. Overall, how well did we handle your complaint?

8. If we were unable to assist you, were alternatives provided to you? Y N N/A

9. Did you verify the provider's license prior to service? Y N N/A

Comments



Scan this code to take online.

Your opinion matters. Thank you!



[Month day year]

[ARD Owner's Name, ARD Number]

[Street Address]

[City, State, Zip Code]

[Complaint Number]

[Consumer's Name]

Dear [ARD Owner's Name]:

The complaint number listed above concerning the automotive repair difficulties the consumer experienced with your facility has been reviewed by this office, and the complaint has been closed. Your input has been documented as part of the complaint and will be retained in our records. Thank you for your cooperation in this matter. If you have any questions regarding the result of this complaint, please contact us at the phone number listed above on our letterhead.

We value your opinion, and your feedback is important to us. Please take a few minutes to complete our online survey by visiting <https://www.surveymonkey.com/s/BARIndustry> or complete the enclosed postcard and simply drop it into a mailbox, or use your cell phone to scan the QR Code below to complete the survey. When prompted, please enter the complaint number listed above.

Thank you for your participation in our industry survey.

Sincerely,

BAR Field Office Management



BAR Industry Satisfaction Survey

Help us improve our service!

Please complete this survey, or take it online at:

www.surveymonkey.com/s/G5QNB65

1. Please enter the complaint number as shown on your closure letter:

On a scale from 1–5 with 1 being least favorable and 5 being the best, please answer the following questions:

2. Was the Bureau’s representative courteous to you? _____

3. In your opinion, was the complaint handled in a fair and reasonable manner? _____

4. Did the representative explain the Bureau’s function and responsibility? _____

5. Did the representative explain the Automotive Repair Act sections that were part of the complaint? _____

Comments



Scan this code to take online



Your opinion matters. Thank you!

Questions and Comments

Submit additional questions and/or comments to:

Bill Thomas

Bureau of Automotive Repair

10949 N. Mather Boulevard

Rancho Cordova, CA 95670

Phone: 916-403-8060

Fax: 916-464-2879

Email: bill.thomas@dca.ca.gov