

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

EXIT SURVEY – CONFIDENTIAL

Your input regarding the experience you had as a DMH employee is very valuable to us. We will evaluate your answers and use them as a tool to meet the needs of future DMH employees. This survey is confidential and will not be filed in your personnel file.

Employee Name (optional): _____

Job Title: _____

Clinic/Program Name: _____ Pay Location #: _____

Resignation Effective Date: _____

I am transferring to another County Department (County Dept Name): _____

Transfer Effective Date: _____

1. While working at DMH, please indicate how you rate the following:

	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructions on assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feedback from supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy communications from management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Indicate which rating best describes how you think DMH handled the following:

Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee morale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotional opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rules and policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Were you informed about relevant policies, procedures and rules?

Yes No

4. Please indicate the reason(s) why you are leaving DMH (check all that apply)

Other employment	<input type="checkbox"/>	Transportation problems	<input type="checkbox"/>
Return to school	<input type="checkbox"/>	Relocating	<input type="checkbox"/>
Family obligations	<input type="checkbox"/>	Other (describe below)	<input type="checkbox"/>

Other: _____

5. Would you consider reemployment with DMH?

Yes No

6. Please share any suggestions you have that you believe would make DMH a more desirable place to work

Thank you for taking the time to complete this survey.
 Return the completed survey to the Human Resources Bureau, 550 S. Vermont Avenue, Room 904, ATTN: Susan Moser, Departmental Human Resources Manager
 Best wishes for your future endeavors.