

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**

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Thank you for taking the time to complete this survey.  
Return the completed survey to the Human Resources Bureau, 5601 E Slauson Ave,  
2nd Floor, Commerce, CA 90040, ATTN: Processing Unit, or via email at  
Processing@dmh.lacounty.gov.

Best wishes for your future endeavors.