

# Customer Satisfaction Survey

## Survey

**Agency Name:**

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**Survey:**

Recently you received assistance from our agency, and we would like your feedback. We are committed to providing excellent customer service and appreciate your response. Thank you for taking the time to fill out the survey.

**1. What type of service/financial assistance did you receive? (Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Housing Search and Placement | <input type="checkbox"/> Childcare                              |
| <input type="checkbox"/> Emergency Shelter            | <input type="checkbox"/> Education Services                     |
| <input type="checkbox"/> Mediation                    | <input type="checkbox"/> Employment Assistance and Job Training |
| <input type="checkbox"/> Legal Services               | <input type="checkbox"/> Transportation                         |
| <input type="checkbox"/> Rental Application Fees      | <input type="checkbox"/> Renter's Insurance                     |
| <input type="checkbox"/> Security Deposit             | <input type="checkbox"/> Hotel/Motel Assistance                 |
| <input type="checkbox"/> Utilities                    | <input type="checkbox"/> Other:                                 |
| <input type="checkbox"/> Moving Costs                 |   |
| <input type="checkbox"/> Rental Assistance            |   |
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**2. Were you treated with dignity and respect?**

- Yes     No

**3. How helpful was your Case Worker/Staff? (Please check one)**

- Not Helpful     Somewhat Helpful     Neutral     Helpful     Very Helpful

**4. How would you rank the overall services/financial assistance you received? (Please check one)**

- Not Helpful     Somewhat Helpful     Neutral     Helpful     Very Helpful

**5. Was the agency able to meet your needs?**

- Yes     No

**Additional Comments:**