



Compassionate Counseling Services

Showing compassion to individuals from all walks of life

CONSUMER SATISFACTION SURVEY

PSR

SACOT

SAIOP

Date Survey Completed: _____

Reporting Quarter: _____

Please put a number from 1 – 5 before each item to indicate your agreement with the statement.

Response Scale				
1	2	3	4	5
Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

THANK YOU FOR COMPLETING THIS SURVEY

- _____ 1. The agency facilities are clean and comfortable.
- _____ 2. The staff is courteous and friendly.
- _____ 3. The staff listens to and respect me.
- _____ 4. The agency rules and policies were shared with me so that I understand them.
- _____ 5. My services and Person-Centered Plan goals are clear to me.
- _____ 6. I get the help that I need.
- _____ 7. Overall, I am happy with this agency and the services I receive.
- _____ 8. Staff is sensitive to my personal needs, including racial and cultural differences.
- _____ 9. I would refer a friend or family member to this agency.

Please feel free to provide additional information below about your involvement with this agency; and provide your Input/Expectation of the agency's strategic plan. We appreciate your input and suggestions on ways we can improve services.
Explanation: _____
