



Compassionate Counseling Services

Showing compassion to individuals from all walks of life

STAKEHOLDER SATISFACTION SURVEY

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. Staff possesses the knowledge, skills and abilities to provide quality services.
- _____ 2. Staff is approachable and responds promptly to member inquires or requests.
- _____ 3. Members are made aware of other community programs and services that may benefit them.
- _____ 4. Members' personal information is treated confidentially and only released to others when authorized.
- _____ 5. Printed material on the programs and services is readily available and easy to understand.
- _____ 6. Referrals made to Compassionate Counseling Services, LLC are responded to in a timely manner.
- _____ 7. Compassionate Counseling Services, LLC office(s) are accessible and member/culturally friendly.
- _____ 8. Compassionate Counseling Services, LLC staff demonstrates competency and professionalism as a whole.
- _____ 9. Provider has a system to address "serious incidents" and/or crisis situations.
- _____ 10. Provider open to receive suggestions regarding community need.
- _____ 11. Compassionate Counseling Services, LLC strives for performance improvement.
- _____ 12. Compassionate Counseling Services, LLC is a good community partner.

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: _____
