

Satisfaction Survey

Unit: _____

In an effort to improve our response to the community, we'd appreciate your feedback about your visit to our office. Please fill out this survey and return it to the address below, fax it to 716-796-0940 or email it to CattCoDSSSurvey@cattco.org. Thank you for your time.

How did you enter the department?

- ☐ Walked in ☐ Scheduled Appointment
☐ Phone call ☐ In home/Community

How were you greeted by staff?

- ☐ Helpful ☐ Friendly
☐ Other _____

How long before you were seen?

- ☐ Under 15 minutes ☐ 15-30 minutes
☐ Over 30 minutes ☐ Did not visit

If you called in, were you transferred?

- ☐ Yes ☐ No

If yes, how many times? _____

Were you transferred to the correct individual?

- ☐ Yes ☐ No

Worker Interaction

Were you given your worker's name?

- ☐ Yes ☐ No

If yes, do you know how to contact your worker?

- ☐ Yes ☐ No

Do you feel your worker listened to your concerns?

- ☐ Yes ☐ No

Were you treated respectfully?

- ☐ Yes ☐ No

Were we able to help you with why you came to the agency?

- ☐ Yes ☐ No

On a scale of 1 to 10, with 10 being the best and 1 the worst, how would you rate your overall experience?

1	☐
2	☐
3	☐
4	☐
5	☐
6	☐
7	☐
8	☐
9	☐
10	☐

If you would like to speak to someone regarding your visit, please fill in your name and best way to contact you below.

Name: _____

Phone: _____

email: _____

Is there someone you'd like to mention as giving you outstanding service?

Do you have any comments you'd like to share?

