

Citizens for Citizens, Inc. Customer Satisfaction Survey

*Please return this survey
using the self addressed
stamped envelope you
received during this visit.*

How was your visit today?

Date: _____

		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	Was our staff person knowledgeable and helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Was the staff person friendly, polite and courteous? (If not, please explain on the back of this page)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Did you receive the assistance you requested? APPLIANCE MANAGEMENT PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Were you informed of any other resources other than what you received today?	YES <input type="checkbox"/>		NO <input type="checkbox"/>	
5.	Was this your first time receiving assistance from CFC?	YES <input type="checkbox"/>		NO <input type="checkbox"/>	
6.	Overall, how satisfied were you with the services you received from us today?				
	<input type="checkbox"/> Completely satisfied	<input type="checkbox"/> Somewhat satisfied	<input type="checkbox"/> Somewhat dissatisfied	<input type="checkbox"/> Very dissatisfied	
7.	Do you have any ideas how we might improve our services? (Please use back of page for additional comments)	_____			