

The Jessamine Place

Customer Service Survey Form

“Our goal is to provide you with the best possible service and your input is vital to our success. Please help us serve you and others better by taking a few minutes to answer the questions below. Thank you for responding.”
-- Shirley B. Brooks, Executive Director

Who was the service provider?

- Day Services
- Supported Work
- Residential Services
- PeopleFirst
- Administration

What was the nature of your contact with us?

- General Information
- Problem Resolution
- Technical Assistance
- Permitting/Licensing Assistance
- Other:

How would you rate your service experience?

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>No Comment</i>
Service provider was courteous and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service provider provided complete and accurate information to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A timely response was provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My overall experience was positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the name(s) of any staff person you would like to commend:

Comments:

As a result of your experience with us, what service-related improvements can you recommend?

Contact Information (*Optional*)

Name	
Email	
Daytime Telephone Number	
Date Submitted	