

## CSBG Customer Satisfaction Survey

To ensure continuous improvements, please complete the following survey. Your participation is important in improving the quality and effectiveness of future services. Please indicate the county where you requested services or assistance:

1. Was this the first time you received services from this agency?

YES

NO

2. Do you feel that you received fair treatment while applying for assistance?

YES

NO

3. Did you call the agency for service?

YES

NO

4. If you answered YES, do you feel you were treated with respect and dignity during that call?

YES

NO

If NO please explain: \_\_\_\_\_

5. Did someone explain the process and what would be next regarding the service you received?

YES

NO

6. Did this assistance help to increase the income available to your household and other necessary expenses?

YES

NO

7. Overall, were you satisfied with the experience?

YES

NO

If NO please explain: \_\_\_\_\_

8. Additional Comments/Suggestions:

---

---

---