



## 2021 Customer Satisfaction Survey

### 1. Are you a

- First time customer/program participant?
- Repeat customer/program participant?

### 2. Where do you live?

- Orleans County
- Genesee County
- Other (please specify) \_\_\_\_\_

### 3. Which services/programs did you receive assistance from? (check all that apply)

- Community Action Transportation (CATS)
- Child Care Resource & Referral (CCR&R)
- Eastern Orleans Community Center (Holley Center)
- Emergency Services only (food, rent, utilities)
- Family Development/Case Management
- Early Head Start Child Care Partnership Program (EHSCCP)
- Head Start/Early Head Start (HS/EHS)
- Helping Youth ACT Responsibly (ACT)
- Main Street Store (MSS)
- Weatherization/Housing Rehabilitation
- Did not receive assistance, please explain: \_\_\_\_\_

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**4. Were the services you needed available and easy to access?**

- Yes
- No
- Did not receive assistance, please explain: \_\_\_\_\_

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**5. Were you referred to/for other services?**

- Yes, if so where? \_\_\_\_\_
- No

**6. How did you hear about our services or programs?**

- Word of mouth (ex: friend, family member or neighbor)
- Past experience with our agency
- Website/Social media
- Referred by another agency, if so please list agency \_\_\_\_\_

**7. On a scale of 1-10, with 1 being not responsive and 10 being completely responsive, how responsive were we to your needs, questions, concerns?**

1-----2-----3-----4-----5-----6-----7-----8-----9-----10  
Not responsive                  somewhat responsive                  very responsive                  completely responsive

**8. On a scale of 1-10, with 1 being very unlikely and 10 being very likely, how likely are you to recommend our services to a friend, family member or neighbor?**

1-----2-----3-----4-----5-----6-----7-----8-----9-----10  
Very unlikely                  Unlikely                  somewhat likely                  likely                  very likely

**9. On a scale of 1-10, with 1 being not helpful and 10 being completely helpful, how helpful was staff/volunteer?**

1-----2-----3-----4-----5-----6-----7-----8-----9-----10  
Not helpful            somewhat helpful            very helpful            completely helpful

**10. Did you feel you were treated with dignity and respect by staff and/or volunteers?**

- Yes completely
- Yes somewhat
- No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. On a scale of 1-10, with 1 being very negative and 10 being very positive, how would you rate the quality of your experience?**

1-----2-----3-----4-----5-----6-----7-----8-----9-----10  
Very negative            somewhat negative            neutral            somewhat positive            very positive

**12. What could we do better?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. OPTIONAL: Would you be interested in**

- Volunteering for our agency
- Sharing your personal story with us? If yes, please provide our name and contact information

Name:

Address:

Contact number:

Date: