

Your feedback is very important to us in order to improve the quality of service of our agency.

You may complete this survey and return it in person or by U.S. Mail to:

1218 Cleveland Road, Suite B
Sandusky, Ohio 44870
419.626.9156 | 1.800.686.0088
fax 419.621.0099

Are you completing this questionnaire for yourself or for your child?

Self Child

Which services have you used?

Alcohol/Drug Mental Health

Demographics

Your age _____

Gender _____

Marital status _____

Your ethnicity _____

Customer Service Survey

- 1. Yes No Not Applicable Were agency personnel courteous?

- 2. Yes No Not Applicable Did your first appointment occur within a reasonable time after contacting the agency?

- 3. Yes No Not Applicable Were appointments at a convenient time for you?

- 4. Yes No Not Applicable Were appointments canceled or rescheduled by staff on short notice?

- 5. Yes No Not Applicable Was the counselor professional?

- 6. Yes No Not Applicable Did you wish for your family to be involved in treatment?
If yes, was your family/spouse involved?

- 7. Yes No Not Applicable Did you feel comfortable with the counselor?

- 8. Yes No Not Applicable Did you feel comfortable that your concerns were handled confidentially?

- 9. Yes No Not Applicable Was the counseling helpful for you and/or your family members?

- 10. Yes No Not Applicable Were the services provided to you what you needed?

- 11. Yes No Not Applicable Did you receive medication services from our agency psychiatrist?
Is your medication working? Yes No

- Do you have any medication concerns? Yes No
- Are you satisfied with your medication services? Yes No

- 12. Yes No Not Applicable Are you satisfied that your service providers were culturally aware and competent?

- 13. Yes No Not Applicable Would you recommend the agency to others?

- 14. Yes No Not Applicable If you needed to, would you come back again?

Suggestions for improving our services:

Please describe any barriers to your service (such as distance, transportation, appointment hours):

Were you referred by our staff to another agency or organization for additional services?

If yes, please tell us the agency or organization name:

Were you satisfied with the agency or organization?