

FAMILY SUPPORT SERVICES OF NORTH IDAHO, LLC

CONSUMER SATISFACTION SURVEY

(Community Version)

Please take a few moments to answer the items below to assist us to determine ways to improve upon our delivery of service. Information gained from this survey will be reviewed and acted upon by whatever means necessary to ensure our community partners are satisfied with services provided by our agency.

1. I am aware of the services provided by Family Support Services. _____Y _____N

2. I would like more information about the services provided by Family Support Services.
_____Y _____N

Comments: _____

3. I am comfortable making referrals to Family Support Services. _____Y _____N

Comments: _____

4. When I have had concerns, I have been able to access Pascale Cafferty or Jodi Smith within a reasonable time frame to discuss the issue. _____Y _____N _____n/a

Comments: _____

5. I have not made referrals to Family Support Services. _____Y _____N

Comments: _____

6. The staff at Family Support Services treats me with respect and professional courtesy.
_____Y _____N

Comments: _____

7. When I call Family Support Services, I am greeted pleasantly and my needs are met in a timely fashion.

_____Y _____N

Comments: _____

8. Overall, I am pleased with the services provided by Family Support Services.

_____Y _____N

Comments: _____

Additional information I would like to share: _____

Name (Optional)

Thank you for taking the time to share your opinion. We greatly appreciate and value your input, and will use this information in a constructive manner to make sure the needs of our community partners are met.