



Customer Service Questionnaire



AGENCY: _____

Date: _____

We value your feedback. This survey is voluntary, and your answers will not include your name or contact information. The information you provide will help our agency improve our services.

Please complete this survey and put it in the completed survey in the addressed envelope that you were given, seal it, and put it in the mail. This form must be mail directly to: Department of Public Health, Office of Women’s Health 1000 S. Fremont Avenue, Bldg. A-9 East, 5th Floor, Mail Unit #105, Alhambra, CA, 91803

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. I am satisfied with the services I received, overall.						
2. I am satisfied with the time it took to get the service I needed.						
3. I am satisfied with the office hours and appointment I was given.						
4. I am satisfied with the location of the office where I received services.						
5. The staff spoke to me in my preferred language.						
6. When I called the agency, someone responded in a timely manner.						
7. The staff listened respectfully and took me seriously.						
8. The staff supported me in my own decision-making.						
9. The referrals for other services I received were appropriate.						
10. I now know the steps I will take to protect my safety.						
11. I now know how to receive legal services for domestic violence.						

Did you receive the help you needed? Yes ___ No ___ If Not, please explain:

How could our program improve? Please explain:

If you have questions or comments about this survey contact the County of Los Angeles, Department of Public Health, Office of Women’s Health at (626) 293-2607.

FOR CONTRACTOR USE ONLY: Please complete this section and keep a copy in the client file for monitoring purposes. Date _____ I (staff name), _____ gave this survey and stamped self-addressed envelope to (client file number), _____ with instructions to complete and mail to DPH within 90 days of the initial intake and discharge.