



## COMMUNITY STAKEHOLDER SURVEY

The feedback we receive from persons throughout our community is something we take seriously in our efforts to improve our organization. We value your input and welcome your honesty in completing this community stakeholder survey.

Please complete our survey by selecting an answer below each question that best communicates your opinion. After completing the 10 questions, please provide additional comments and suggestions in the space provided.

### 1. CULTURAL INFORMATION

Race/Ethnicity:

Gender:

Age:

### 2. RELATIONSHIPS

Number of years you have known about this organization:

Are you employed in an organization that refers persons to our services?

Yes  No

Please Select the Type/Focus of your organization that most applies:

Criminal Justice

School/Public or Private Education

Physical Health

Mental Health

Vocational Rehabilitation/Education

Other

Relationship with persons who have participated in our services:

I have, or have had, a family member, friend, acquaintance, or a professional client who has participated in your services.

I have not had a direct relationship with anyone who has participated in your services.

### 3. QUESTIONS

When contacting us by phone, your call is answered in a prompt and courteous manner.

Disagree Strongly

Disagree

Disagree Slightly

Agree Slightly

Agree

Agree Strongly

N/A

Our employees return phone calls and/or answer email messages in a timely manner.

Disagree Strongly

Disagree

Disagree Slightly

Agree Slightly

Agree

Agree Strongly

N/A

Requests for information about our services, or about an individual receiving services, are responded to in a timely manner.

<input type="checkbox"/> Disagree Strongly	<input type="checkbox"/> Disagree	<input type="checkbox"/> Disagree Slightly	
<input type="checkbox"/> Agree Slightly	<input type="checkbox"/> Agree	<input type="checkbox"/> Agree Strongly	<input type="checkbox"/> N/A

I have been treated with respect each time I have had contact with your organization.

<input type="checkbox"/> Disagree Strongly	<input type="checkbox"/> Disagree	<input type="checkbox"/> Disagree Slightly	
<input type="checkbox"/> Agree Slightly	<input type="checkbox"/> Agree	<input type="checkbox"/> Agree Strongly	<input type="checkbox"/> N/A

Persons who request services, and meet the requirements for admission to a program, are admitted in a timely manner.

<input type="checkbox"/> Disagree Strongly	<input type="checkbox"/> Disagree	<input type="checkbox"/> Disagree Slightly	
<input type="checkbox"/> Agree Slightly	<input type="checkbox"/> Agree	<input type="checkbox"/> Agree Strongly	<input type="checkbox"/> N/A

Our organization treats all persons participating in services with respect.

<input type="checkbox"/> Disagree Strongly	<input type="checkbox"/> Disagree	<input type="checkbox"/> Disagree Slightly	
<input type="checkbox"/> Agree Slightly	<input type="checkbox"/> Agree	<input type="checkbox"/> Agree Strongly	<input type="checkbox"/> N/A

Our employees are sensitive to differences in the cultural backgrounds of the persons receiving services.

<input type="checkbox"/> Disagree Strongly	<input type="checkbox"/> Disagree	<input type="checkbox"/> Disagree Slightly	
<input type="checkbox"/> Agree Slightly	<input type="checkbox"/> Agree	<input type="checkbox"/> Agree Strongly	<input type="checkbox"/> N/A

Our organization encourages, and is open to feedback about the quality of our services.

<input type="checkbox"/> Disagree Strongly	<input type="checkbox"/> Disagree	<input type="checkbox"/> Disagree Slightly	
<input type="checkbox"/> Agree Slightly	<input type="checkbox"/> Agree	<input type="checkbox"/> Agree Strongly	<input type="checkbox"/> N/A

Our organization is highly respected throughout the community for providing quality services.

<input type="checkbox"/> Disagree Strongly	<input type="checkbox"/> Disagree	<input type="checkbox"/> Disagree Slightly	
<input type="checkbox"/> Agree Slightly	<input type="checkbox"/> Agree	<input type="checkbox"/> Agree Strongly	<input type="checkbox"/> N/A

I would recommend your organization's services to a family member or friend, without hesitation.

<input type="checkbox"/> Disagree Strongly	<input type="checkbox"/> Disagree	<input type="checkbox"/> Disagree Slightly	
<input type="checkbox"/> Agree Slightly	<input type="checkbox"/> Agree	<input type="checkbox"/> Agree Strongly	<input type="checkbox"/> N/A

Accessibility to the program meets my expectations. (Please provide details in the comments section below).

<input type="checkbox"/> Disagree Strongly	<input type="checkbox"/> Disagree	<input type="checkbox"/> Disagree Slightly	
<input type="checkbox"/> Agree Slightly	<input type="checkbox"/> Agree	<input type="checkbox"/> Agree Strongly	<input type="checkbox"/> N/A

#### 4. COMMENTS

Please provide any *specific suggestions* you may have *for improving* our organization and our services:

Please provide any *additional comments* you may have related to your experience with our organization: