



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 as soon as you receive it. Put 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

Please rate your experience at our agency by marking the box (✓ or ✗).

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. I am satisfied with the services I receive(d), overall.						
2. I feel (or felt) safe being away from my partner while at the shelter.						
3. The setup and rules at the shelter make (made) me feel safe.						
4. The living space I was given was clean and safe.						
5. The staff spoke to me in my preferred language.						
6. The staff supported me in reaching my goals.						
7. The staff supported me in my own decision-making.						
8. The staff listened respectfully and took me seriously.						
9. The staff respected my civil rights (e.g., race/ethnicity, sexual orientation, and/or religious practices, etc.).						
10. The referrals for other services I received were appropriate.						
11. I now know the steps I will take to protect my safety.						
12. I now know how to receive legal services for domestic violence.						

If you have questions about this survey or want to talk to a representative of the County of Los Angeles, Department of Public Health, Office of Women’s Health, Domestic Violence Housing and Support Services Unit, please call us at **(626) 293-2607**.



Please continue to rate your experience at our agency by marking the box (✓ or ✗).

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
13. The staff was friendly and welcoming with me and my child(ren).						
14. The staff listened to and treated my child(ren) respectfully.						
15. The staff provided my child(ren) with support to help with their healing.						
16. I have more knowledge about how children respond to domestic violence.						
17. I know of more ways to support my child(ren)'s healing.						

18. Is/Was your child (or children) in the shelter with you? Yes ___ No ___ If Yes, how many children? ___

19. How long have you been a resident at the shelter during this stay? _____

20. Have you stayed at a DV shelter before? Yes ___ No ___

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

22. How could our program improve? Please explain:

Please mark the box (✓ or ✗) that best describes you.

Gender: Female Male Transgender Declined to State Other: _____

Age: 18-24 25-44 44-64 65+ Declined to State Other: _____

Race/Ethnicity: American Indian or Alaskan Native Asian Black/of African Decent

Hispanic or Latino/x Native Hawaiian of Pacific Islander Declined to State Other: _____

Sexual Orientation: Heterosexual Bisexual Lesbian Gay Declined to State

Other: _____

Relationship Status: Single Married Divorced Separated Domestic Partnership

Declined to State Other: _____

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