Los Angeles County Department of Public Health

**Customer Satisfaction Survey**

Your input is important to us! Please let us know how we can improve your experience by answering a few questions. Your participation is voluntary and your responses are confidential.

1. **What services or information did you most recently receive from (insert program name)?**Check (✓) all that apply.

 🞎 option 1 🞎 option 2 🞎 option 3 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 N/A

 *(please tailor the response options for your program)*

1. **How did you receive these services or information**? Check (✓) all that apply.

🞎 Phone 🞎 In-person 🞎 E-mail 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 N/A

**Using a scale of 1 to 10, please tell us how much you agree or disagree with the following statements:**

Circle your response.

 Strongly Disagree Strongly Agree

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3. I received the services or information I needed.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| **4. It was easy to find the services or information I needed.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A  |
| **5. I received assistance in a timely manner.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| **6. The staff understood my specific needs.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| **7. I was treated with respect.**  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| **8. I was satisfied with my overall experience.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |

 *(add questions, if any)*

1. **What did we do well?**
2. **How can we improve?**