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

Los Angeles County Department of Public Health

**Customer Satisfaction Survey for DPH Staff**

Your DPH colleagues would like to hear from you! Please take a few moments to share your thoughts about **[PROGRAM NAME]** and the information and support services provided. Your participation is voluntary and your responses are confidential.

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

 *(tailor the response options for your program)*

**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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2. I received the information or support I needed.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| **3. It was easy to find the information or support I needed.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| **4. I received assistance in a timely manner.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| **5. The staff communicated effectively.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| **6. I was treated with respect.**  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| **7. 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?**