Los Angeles County Department of Public Health

**Satisfaction Survey for DPH Partners**

Your colleagues from the Los Angeles County Department of Public Health (DPH) would like to hear from you! Please take a few moments to share your thoughts about how we can improve your experience in working with us. Your participation is voluntary and your responses are confidential.

1. **What is your (organization’s) involvement with DPH?**

🞎 Partners 🞎 Stakeholders Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 N/A

 (tailor response options as needed)

**In your interactions with DPH over the last 3 months, please tell us how much you agree or disagree, using a scale of 1 to 10, with the following statements:** (Circle your response.

 Strongly Disagree Strongly Agree

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2. DPH staff are knowledgeable.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| **3. DPH staff communicate effectively.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| **4. DPH is a timely and responsive partner.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| **5. I/My organization receives the information or support needed.** | 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 do we do well?**

**9. How can we improve?**

1. **Additional comments or suggestions?**



Thank you!