

## Client Satisfaction Survey

Please take a moment to complete this brief survey based on your visit TODAY. Your answers and comments will help us improve services.

Date: \_\_\_\_\_

Goal	Strongly Agree	Agree	Disagree	Strongly Disagree
I felt safe at the Center.				
I was welcomed and treated with respect.				
The facility was inviting, comfortable, clean and accessible.				
My wait was reasonable and staff kept me updated throughout.				
The services and information I received helped me make decisions about my next step.				
My children were well cared for while we were at the Center. (Leave blank if does not apply)				
I feel a greater sense of Hope for my future after my visit to the Center.				

Was there a service that was not available at the Center that you wished would have been onsite?	Please write your response here
What would you change/improve about the Center for future clients?	Please write your response here
Would you return to the Center for services?	Please circle one YES                      NO

***Thank you for taking this survey!***