

Information and Referral Satisfaction Survey

1. Was our staff courteous?
Yes
No
No answer
2. Did we provide you with information in a timely manner?
Yes
No
No answer
3. Did you receive the help you needed from the referrals given?
Yes
No
Somewhat
4. Why didn't you get help?
Improper referral
Did not call the referral
Did not qualify
No funds available
Received some help but not enough
Referral did not answer
Resolved problem on own
Waiting on contact
Other_____
5. How many referrals were you given?

6. Is this the first time you accessed health and human service agencies?
Yes
No
7. Did we ask you to call back?

- Yes
No
No answer
8. Did you feel comfortable talking with the I & R Specialist?
Yes
No
No answer
9. Would you call us again?
Yes
No
No answer
10. Would you recommend this service to family/friends?
Yes
No
No answer
11. What could we have done to serve you better?
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12. Is there anything else you would like to share with us about the quality of our service, additional service needs or the type of information provided?
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*** If the caller did not receive proper referrals initially or did not get the resources needed, ask the caller if they would like to be connected with an Information and Referral Specialist.**