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**GUIDING HANDS COALITION, LLC**

**CUSTOMER SERVICE SURVEY**

Thank you for letting us provide you or a family member with our services recently. It would be of great assistance if you could share with us how we did by answering the questions below. Your name and signature are appreciated but not required. Thank you.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1= Not Satisfied 2=Somewhat Satisfied 3=Satisfied. 4=Very Satisfied. 5=Excellent Services**

Please circle choice

1. Were the services provided able to help you achieve the goals that you set out to achieve?

1 2 3 4 5

1. Were all questions addressed in a timely manner?

1 2 3 4 5

1. Was all paperwork required during your services made clear for you to understand?

1 2 3 4 5

1. Did GHC communicate with you (return phone calls/message/email) in a timely manner?

1 2 3 4 5

5. Overall rating for your experience.

1 2 3 4 5

Comments: