



## Client Customer Satisfaction & Information Survey

1.	I was helped in a timely manner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2.	I was treated with respect.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3.	The staff were friendly and helpful.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4.	I got the information and/or services I needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5.	I was informed about other agency or community services.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6.	I would recommend your agency to family and friends.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7.	What is ONE thing you would change about the services you received from our agency?			
8.	How did you learn about our agency? Select all that apply:			
	<input type="checkbox"/> Family or Friend	<input type="checkbox"/> Current or former agency client	<input type="checkbox"/> United Way 211	<input type="checkbox"/> Radio
	<input type="checkbox"/> Healthcare provider	<input type="checkbox"/> Social media (Facebook, Instagram, etc.)	<input type="checkbox"/> Local Church	<input type="checkbox"/> Television
	<input type="checkbox"/> A state agency	<input type="checkbox"/> Other social service agency	<input type="checkbox"/> Brochure or Flyer	<input type="checkbox"/> A Mailing
	<input type="checkbox"/> Websites/Internet	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Phone Book	<input type="checkbox"/> Billboard
	<input type="checkbox"/> The household I grew up in had received agency services.	<input type="checkbox"/> Other:		
9.	What services has your household received from our agency within the last 12 months? Select all that apply:			
	<input type="checkbox"/> Energy Assistance (LIHEAP or PIPP)	<input type="checkbox"/> Weatherization	<input type="checkbox"/> Neighbor to Neighbor	
	<input type="checkbox"/> Head Start/Early Head Start	<input type="checkbox"/> Golden Meals	<input type="checkbox"/> Rent or Water Assistance	
	<input type="checkbox"/> Scholarship	<input type="checkbox"/> HOME/HRAP	<input type="checkbox"/> Benefit Access	
10.	What kind of issues in your family or neighborhood are a concern to you?			
11.	If given the opportunity, would you be willing to serve on a local board or committee that represents and makes decisions for families with low incomes?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
	If yes, please provide your name, phone number and email:			
	First Name:		Last Name:	
	Email:		Phone Number:	

Please return the Client Customer Satisfaction & Information Survey to:

Northwestern IL Community Action Agency (NCAA)  
 27 S. State Ave. Suite 102  
 Freeport, IL 61032  
 Email: [nicaa125@nicaa.org](mailto:nicaa125@nicaa.org)