

**CONCERNED, INC.**

**SATISFACTION SURVEY FOR FUNDERS & REFERRING AGENCIES**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please rate each of the following statements concerning the services you and your clients receive from Concerned, Inc.**

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
1. I am kept informed on the progress of the person served.	1	2	3	4
2. I am treated courteously by the staff from Concerned, Inc.	1	2	3	4
3. My clients receive prompt services.	1	2	3	4
4. The staff at Concerned, Inc. are qualified and competent to serve my clients.	1	2	3	4
5. I receive prompt and accurate reports from Concerned, Inc.	1	2	3	4
6. I receive cost effective services from Concerned, Inc.	1	2	3	4
7. Concerned, Inc. possesses a positive public image in its community.	1	2	3	4
8. There is job diversity available to my clients.	1	2	3	4
9. Services are coordinated with all team members alleviating duplication and assuring quality outcomes.	1	2	3	4
10. I can contact Concerned, Inc. when I have a problem or a question & receive assistance in a timely manner.	1	2	3	4

**How do you rate our services overall?      EXCELLENT      GOOD      FAIR      POOR**

**Do you have any additional questions or comments that we can assist you with at this time?**

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**Thank you very much for taking the time to complete this questionnaire! Your answers and input are extremely important to us. We will use this information to provide quality services to you now and in the future.**  
*~Concerned, Inc.*

