



## Client Satisfaction Survey

We would like to know how satisfied you are with the services you received from this agency and with the progress you are making. Please respond to each of the statements by checking one of the responses for each statement. Your responses are **confidential**.

Goal	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
I felt safe in the Family Justice Center				
The services I received will contribute to a clear improvement in my quality of life or the problem for which I sought help.				
The services I received affected one or more of my decisions or actions.				
I was treated with respect and dignity.				
The facility was comfortable, clean, and accessible.				
I was easily able to access services that I needed.				

1. What comes to mind first when you think about the services you received?

2. What could we offer that would be helpful to you and/or your children?

3. Would you refer a friend for services? \_\_\_\_ YES \_\_\_\_ NO

4. Please feel free to make any additional comments.

If you would like to be contacted by a staff member about anything related to our services, please give your name or an alias and a safe telephone number.

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Optional

Race/Ethnic Background	Age		Gender	Zip Code	
___ African Am/Black	___ under 13	___ 55-59	___ Female	___ 71201	___ 71225
___ Asian Am.	___ 13-19	___ 60-64	___ Male	___ 71202	___ 71229
___ Am. Indian	___ 20-24	___ 65-69		___ 71203	___ 71264
___ Caucasian/White	___ 25-29	___ 70-74		___ 71291	___ 71269
___ Hispanic	___ 30-34	___ 75-79		___ 71292	___ 71227
___ Non-Hispanic/White	___ 35-39	___ 80-84		___ 71238	___ 71235
___ Unknown	___ 40-44	___ 85+		___ 71220	___ 71418
___ Other	___ 45-49			___ 71241	___ Other
	___ 50-54			___ 71234	_____