



Stakeholder Survey

Please complete the following information prior to completing the survey

Race:

- African American Caucasian Hispanic Asian
 Native American Indian Arabic Other

Age:

- 11 and under: 12-17 18-21 22-29
 30-39 40-49 50-59 60+

Gender:

- Male Female Transgender

Number of years you have known about our organization:

- Less than 1 year 1-2 years 2-3 years 3-4 years
 Greater than 4 years:

Are you employed in an organization that refers persons to our services?

- Yes No

If Yes, Please select the Type/Focus of your organization that most applies:

- Criminal Justice School/Public or Private Education
 Physical Health Mental Health Vocational Rehabilitation/Education
 Other _____

Relationship with persons who have participated in our services:

- Have, or have had, a family member, friend, acquaintance, or a professional client who has participated in our services.
 Have not had a direct relationship with anyone who has participated in our services.



Community Stakeholder Survey

Please circle the number under each item that represents your opinion

Questions

1. When contacting us by phone, your call is answered in a prompt and courteous manner.

1	2	3	4	5	6	7
Disagree Strongly	Disagree	Disagree Slightly	Agree Slightly	Agree	Agree Strongly	N/A

2. Our employees return phone calls and/or answer email messages in a timely manner.

1	2	3	4	5	6	7
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3. Requests for information about our services, or about an individual receiving services, are responded to in a timely manner.

1	2	3	4	5	6	7
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4. You have been treated with respect each time you have had contact with our organization.

1	2	3	4	5	6	7
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5. Persons who request services, and meet the requirements for admission to a program, are admitted in a timely manner.

1	2	3	4	5	6	7
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6. Our organization treats all persons participating in services with respect.

1	2	3	4	5	6	7
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7. Our employees are sensitive to differences in the cultural backgrounds of the persons receiving services.

1	2	3	4	5	6	7
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8. Our organization encourages, and is open to feedback about the quality of our services.

1	2	3	4	5	6	7
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9. Our organization is highly respected throughout the community for providing quality services.

1	2	3	4	5	6	7
Disagree Strongly	Disagree	Disagree Slightly	Agree Slightly	Agree	Agree Strongly	N/A

10. You would recommend our organization's services to a family member or friend, without hesitation.

1	2	3	4	5	6	7
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Comments:

Please provide us with comments and feedback:

Please provide any *specific suggestions* you may have *for improving* our organization and our services:

Please provide any *additional comments* you may have related to your experience with our organization:
