

## Client Satisfaction Survey

---

Please complete this brief survey and return to Family Service at 332 East 4<sup>th</sup> Street, Jamestown, NY 14701 or email to [hr@fscr.mygbiz.com](mailto:hr@fscr.mygbiz.com). These surveys make us aware of what we are doing right as well as areas that need improvement. We appreciate both positive and negative feedback that you are able to provide.

Please rate the following on a scale of 1 to 5 where **5 is most satisfied** and **1 is least satisfied**.

How would you rate:

- |  |     |    |   |   |   |
|--|-----|----|---|---|---|
| 1. Your first contact with the agency  | 1   | 2  | 3 | 4 | 5 |
| 2. The friendliness of the reception staff   | 1   | 2  | 3 | 4 | 5 |
| 3. How long it took to get an appointment  | 1   | 2  | 3 | 4 | 5 |
| 4. The attentiveness of your therapist   | 1   | 2  | 3 | 4 | 5 |
| 5. The knowledge of your therapist   | 1   | 2  | 3 | 4 | 5 |
| 6. Your satisfaction with your therapist overall   | 1   | 2  | 3 | 4 | 5 |
| 7. If you have entered our building recently, how comfortable were you regarding the cleanliness of the building and/or waiting room | 1   | 2  | 3 | 4 | 5 |
| 8. Would recommend our services to a friend/family?  | YES | NO |   |   |   |

Therapist name \_\_\_\_\_

Approximately how many times have you seen this therapist? \_\_\_\_\_

Additional comments:

---

---

---

---

---

Would you like the Clinical Director or Operations Director to contact you regarding a concern? YES NO

If so, please note your first name and how to reach you: \_\_\_\_\_

Thank you for your valued feedback!!