Justification for Utilizing Referral Source Satisfaction Survey

1. Provide awareness regarding weaknesses and strengths of the CSB organization from the perspective of current referral sources.
2. Identification of change requirements and implementation of enhanced customer service response capacity should result in both maintaining and increasing referrals from existing organization and agencies.
3. Identify within the CSB areas that need training, protocol modifications, and/or staff re-assignment requirements.

Satisfaction Survey

Thank you for contributing to our efforts to provide better services. Your thoughts, experiences and suggestions will be a valuable part of the on-going efforts to provide consumer-centered, cost-effective, accessible and quality services. Please check the appropriate response for each survey questions.

1. When your organization’s staff communicates with and/or visits the Center, do they overall feel valued?
   - Always (4)    - Most of the Time (3)    - Seldom (2)    - Never (1)

2. Does your staff encounter inappropriate delays when they write our service centers?
   - Never (4)    - Seldom (3)    - Most of the Time (2)    - Always (1)

3. Does your staff encounter inappropriate delays when they call our service centers?
   - Always (1)    - Most of the Time (2)    - Seldom (3)    - Never (4)

4. When your organization refers consumers to our Center are we responsive to your referral needs?
   - Never (1)    - Seldom (2)    - Most of the Time (3)    - Always (4)

5. Do you receive both timely and adequate document support for your referrals?
   - Always (4)    - Most of the Time (3)    - Seldom (2)    - Never (1)

6. Have you received an adequate level of communication from our Center regarding service opportunities/locations?
   - Never (1)    - Seldom (2)    - Most of the Time (3)    - Always (4)

7. Have our services improved the quality of life of consumers your organization has referred?
   - Always (4)    - Most of the Time (3)    - Seldom (2)    - Never (1)

8. Would your organization recommend our services to another referral source, organization, family member or individual?
   - Never (1)    - Seldom (2)    - Most of the Time (3)    - Always (4)
9. Please provide any additional comments, information or suggestions that you feel will help our center provide enhanced customer service:

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Please complete before mailing or faxing (fax number 555-555-5555) completed survey to: ___________________________, P. O. Box 222, Lookout Mountain, GA 30728.

Organization completing survey (please print or type):

________________________________________________________________________

Name/title or position held respondent (optional):

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