



SERVICE SATISFACTION SURVEY

We welcome your comments about our services. Please let us know how we have done.



1. Did you have an appointment? ☐ Yes ☐ No

2. What was the reason for your visit to the office today?

- ☐ New application ☐ Recertification/Redetermination ☐ EBT/BIC/PIN ☐ Drop off documents
☐ Fingerprint ☐ GAIN _____ ☐ GROW _____ ☐ OTHER _____

3. After entering the reception area, how long did you wait to be seen?

- ☐ Less than 20 minutes ☐ 21 - 60 minutes ☐ More than 1 hour

4. What was the total time of your visit?

- ☐ Less than 20 minutes ☐ 21 - 60 minutes ☐ More than 1 hour

5. How satisfied were you with your visit to this office?

Excellent Very Good Good Fair Poor

Friendliness of staff:

☐ ☐ ☐ ☐ ☐

Helpfulness of staff:

☐ ☐ ☐ ☐ ☐

Timeliness of services:

☐ ☐ ☐ ☐ ☐

Length of time to complete today's visit:

☐ ☐ ☐ ☐ ☐

Cleanliness of this office:

☐ ☐ ☐ ☐ ☐

6. What is your "Overall Satisfaction" with the services you received today?

- ☐ Exceptionally satisfied ☐ Very satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very Dissatisfied



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Length of time to complete today's visit:

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Cleanliness of this office:

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Comments: _____

Name: _____ Phone: _____

Date of Visit: _____ Worker Name: _____

May we contact you? ☐ Yes ☐ No

Comments: _____

Name: _____ Phone: _____

Date of Visit: _____ Worker Name: _____

May we contact you? ☐ Yes ☐ No