



Please complete the following information prior to completing the survey

Race:		Number of years you have known about				
	African American	_	vocate Support Services:			
	Caucasian		Less than1 year			
	Hispanic		1-2 years			
	Asian		2-3 years			
	Native American		3-4 years			
	Indian		Greater than 4 years:			
	Arabic					
_ _	Other	Are you employed in an organization that refers persons to our services?				
			Yes			
Ag			No			
	11 and under:					
	12-17	If Y	Yes, Please select the Type/Focus of			
	18-21	your organization that most applies:				
	22-29		Criminal Justice			
	30-39		School/Public or Private Education			
	40-49		Physical Health			
	50-59		Mental Health			
	60+		Vocational Rehabilitation/Education			
			Other			
Ge	nder:					
	Male	Relationship with persons who have participated in our services:				
	Female					
	Transgender		I have, or have had, a family member, friend,			
		acq	uaintance, or a professional client who has			
		participated in your services.				
			I have not had a direct relationship with anyone			
		who	o has participated in your 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 5 6 7 N/A Disagree Disagree Disagree Agree Agree Agree Strongly Slightly Slightly Strongly

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

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

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
Disagree Disagree Agree Agree Agree N/A
Strongly Slightly Slightly Strongly

4. I have been treated with respect each time I have had contact with your organization.

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

STAKEHOLDER SURVEY

5.	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					
	sagree ongly	Disagree	Disagree Slightly	_	•	Agree Strongly	N/A					
6.	6. Our organization treats all persons participating in services with respect.											
	1	2	3	4	5	6	7					
	sagree ongly	Disagree	Disagree Slightly	_	_	Agree Strongly	N/A					
7.	7. Our employees are sensitive to differences in the cultural backgrounds of the persons receiving services.											
	1	2	3	4	5	6	7					
	sagree ongly	Disagree	Disagree Slightly	_	_	Agree Strongly	N/A					
8. Our organization encourages, and is open to feedback about the quality of our services.												
	1	2	3	4	5	6	7					
	sagree ongly	Disagree	Disagree Slightly	_	_	Agree Strongly	N/A					
9.	-	ganization is services.	s highly res	spected thr	oughout	the commun	nity for providing	3				
	1	2	3	4	5	6	7					
	sagree ongly	Disagree	Disagree Slightly	_	•	Agree Strongly	N/A					
10.		l recommer t hesitation.		anization's	services	to a family	member or frien	d,				
	1	2	3	4	5	6	7					
	sagree ongly	Disagree	_	Agree Slightly	_	Agree Strongly	N/A					

STAKEHOLDER SURVEY

Comments: Please provide us with comments and feedback about this program. 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:

Thank you for you feedback!