**THANK YOU** in advance for your time in completing this survey. This information is invaluable and will help Greater Outreach Services to provide a higher quality of care to our participants.

**Are you employed in an organization that refers persons to our services?** **YES** **NO**
*If yes, please check type of organization that most applies:*
 Criminal Justice Primary Care Hospital Mental Health Other

**Relationship with persons who have participated in our services:**

* I have, or have had, a family member, friend, acquaintances, or professional client who has participated in your services.
* I have NOT had a direct relationship with anyone who has participated in your services.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Agree** | **Disagree** | **N/A** | **Comments** |
| 1. When contacting us by phone, your call is answered in a prompt and courteous manner.
 |  |  |  |  |
| 1. Our employees return phone calls and/or answer email messages in a timely manner.
 |  |  |  |  |
| 1. Requests for information about our services, or about an individual receiving services, are responded to in a timely manner.
 |  |  |  |  |
| 1. I have been treated with respect each time I have had contact with your organization.
 |  |  |  |  |
| 1. Persons who request services and meet the eligibility requirements for admission to a program, are admitted in a timely matter.
 |  |  |  |  |
| 1. Our organization treats all persons participating in services with respect.
 |  |  |  |  |
| 1. Our employees are sensitive to differences in cultural backgrounds of the persons receiving services.
 |  |  |  |  |
| 1. Our organization encourages and is open to feedback about the quality of our services.
 |  |  |  |  |
| 1. Our organization encourages and is open to feedback about the quality of our services.
 |  |  |  |  |
| 1. I would recommend your organization’s services to a family member, an acquaintance or friend, without hesitation.
 |  |  |  |  |
| Please provide and specific suggestions you may have for improving our organization and our services. |  |
| Additional comments:  |  |

**THANK YOU** again for your time in completing this survey.
Your feedback is crucial to our growth and development as an agency and community service provider.