Community Action, Inc. of Central Texas

**Utility Assistance Client Survey**

*Survey Purpose: We need your feedback to help improve our services and to plan future services.*

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age (optional): \_\_\_\_

1. Did you receive assistance with your energy needs? \_\_\_\_\_\_ Yes \_\_\_\_\_ No
2. Describe how satisfied you are with the services you received from our agency by circling the rating which best describes your experience:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Rating Topics** | **No Opinion** | **Poor** | **Fair** | **Good** | **Excellent** |
| 1. How did staff treat you? | 0 | 1 | 2 | 3 | 4 |
| 2. Was the application process easy to complete? | 0 | 1 | 2 | 3 | 4 |
| 3. Did staff assist you in a timely manner? | 0 | 1 | 2 | 3 | 4 |
| 4. How was your overall service experience? | 0 | 1 | 2 | 3 | 4 |

1. Do you have any recommendations to improve how we serve you?

***Thank you for taking time to provide us your feedback.***

 Feb 2017