

Dear Consumer / Family member,

Our goal is to provide our consumers with the best service possible. Please take a few minutes to complete the following consumer service survey. Your comments will enable us to see how we're doing overall and find out how we can improve.

|  |  |  |  |  |  |
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| **Consumer Service Survey** | | | | | |
|  | **Excellent** | **Good** | **Average** | **Fair** | **Poor** |
| Staff available in a timely manner. |  |  |  |  |  |
| Staff identified themselves and showed AQC badge. |  |  |  |  |  |
| Staff greeted you and offered to help you. |  |  |  |  |  |
| Staff were friendly and cheerful throughout. |  |  |  |  |  |
| Staff answered your questions. |  |  |  |  |  |
| Staff showed knowledge of the care or services. |  |  |  |  |  |
| Staff offered pertinent advice. |  |  |  |  |  |
| Staff were courteous throughout. |  |  |  |  |  |
| Overall, how would you rate our consumer service? |  |  |  |  |  |
|  | | | | | |
| **Open-Ended Questions** | | | | | |
| What did you like best about our consumer service? | | | | | |
| How could we improve our consumer service? | | | | | |
| Is there a staff person you would like to commend? | | | | | |
| Name: | Reason: | | | | |
| Your name: (optional) | Date: | | | | |
| Thank you for taking the time to complete our consumer service survey. | | | | | |