

# Consumer Satisfaction Survey

Please check the services you have received from Tri-County ILC:

Housing  
Assistance\_\_\_\_\_

Benefits  
Assistance\_\_\_\_\_

Independent Living  
Skills Training\_\_\_\_\_

Peer  
Support\_\_\_\_\_

Information &  
Referral\_\_\_\_\_

Individual  
Advocacy\_\_\_\_\_

Assistive  
Technology\_\_\_\_\_

Other\_\_\_\_\_

Were you treated with respect when you called or visited Tri-County?

Yes\_\_\_\_\_

No\_\_\_\_\_, If not, explain:\_\_\_\_\_

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Did you get the help you needed from Tri-County?

Yes\_\_\_\_\_

No\_\_\_\_\_, If not, explain:\_\_\_\_\_

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Was the information helpful in your becoming more independent?

Yes\_\_\_\_\_

No\_\_\_\_\_, If not, explain:\_\_\_\_\_

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Were your goals and objectives respected and supported by those helping you?

Yes\_\_\_\_\_

No\_\_\_\_\_, If not, explain:\_\_\_\_\_

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Did the services you receive help make your life better?

Yes \_\_\_\_\_ No \_\_\_\_\_, If not, explain: \_\_\_\_\_

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When you were in our office, did you have a problem with any of these things? (Please circle any that were a problem)

- Physical Barriers: Ramps, Doorways, Bathrooms, Hallways
- Communication Barriers: Interpreters, TTY, Non-English Speaking Staff
- Alternate Formats Not Available: Large Print, Braille, Tapes
- Discrimination: Racial or Cultural Issues
- Environmental or Chemical Sensitivity Issues

Any comments on barriers? \_\_\_\_\_

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Do you have any suggestions for services you would like to see us offer?

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Do you have any other comments? \_\_\_\_\_

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Would you like to discuss this in more detail? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like to become a volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like to join an advocacy group? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered YES to any of the above 3 questions, please give your name and phone number so we may contact you to make an appointment to discuss it by phone or in person.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_