

### LOCAL AGENCY CUSTOMER FEEDBACK

In order to better serve you, we ask that you fill out this form about your visit to our office today. **You do not need to put your name, address or telephone number on this form. All answers will be kept private.**

Please read each statement below and check the box that best describes how you feel. If the statement does not apply to you, check the "N/A" box. When you are done, please put both copies in the box provided. Thank you for your help.

Today's Date \_\_\_\_\_ Name of County or Tribal agency you are visiting today \_\_\_\_\_

**1. Overall, I am satisfied with the services I have received in the office today. (Check one.)**

Strongly Agree     Agree     Disagree     Strongly Disagree     N/A

**2. I understood when the staff told me about programs and services I could get. (Check one.)**

Strongly Agree     Agree     Disagree     Strongly Disagree     N/A

**3. The staff told me about. (Check all that apply.)**

FoodShare     Medicaid / BadgerCare Plus     Other

**4. The staff treated me fairly and with respect. (Check one.)**

Strongly Agree     Agree     Disagree     Strongly Disagree     N/A

**5. The staff was helpful. (Check one.)**

Strongly Agree     Agree     Disagree     Strongly Disagree     N/A

**6. I understood when the staff told me what I needed to do to get and keep benefits. (Check one.)**

Strongly Agree     Agree     Disagree     Strongly Disagree     N/A

**7. When I call my local agency I am...(Check one.)**

Able to talk to a staff person     Able to leave a message     Unable to talk to someone or leave a message

**8. When I leave a message the staff returns my telephone calls within....(Check one.)**

1 Day     2 Days     3 Days     4 or more Days     Has not returned my calls     N/A

**9. I am able to get to the office during the hours it is open. (Check one.)**

Strongly Agree     Agree     Disagree     Strongly Disagree     N/A

**10. How do you MOST like to contact the office when you need help or have a question? (Check one.)**

In person     By phone     By mail     By email

**11. Check all that apply:**

<input type="checkbox"/> Information needed was not provided	<input type="checkbox"/> Received the help that was needed
<input type="checkbox"/> Service was slow / long wait time	<input type="checkbox"/> Service provided in a timely manner
<input type="checkbox"/> Staff was rude	<input type="checkbox"/> Staff was helpful / professional
<input type="checkbox"/> Special needs not accommodated	<input type="checkbox"/> Special Needs accommodated
<input type="checkbox"/> Overall experience unpleasant	<input type="checkbox"/> Overall experience pleasant

**Additional Comments:**

**Agency Use Only** — Send completed forms quarterly to:  
DHS / DHCAA / BOC, Attn: K. Gugel, P.O. Box 309, Madison, WI. 53701