# **Stakeholder Survey**

### **Please complete the following information prior to completing the survey**

**Race:**

**❑** African American

**❑** Caucasian

**❑** Hispanic

**❑** Asian

**❑** Native American

**❑** Indian

**❑** Arabic

**❑** Other

**Age:**

**❑** 11 and under:

**❑** 12-17

**❑** 18-21

**❑** 22-29

**❑** 30-39

**❑** 40-49

**❑** 50-59

**❑** 60+

**Gender:**

# ❑ Male

**❑** Female

**❑** Transgender

## **Number of years you have known about this organization:**

**❑** Less than1 year

**❑** 1-2 years

**❑** 2-3 years

**❑** 3-4 years

**❑** Greater than 4 years:

**Are you employed in an organization that refers persons to our services?**

# ❑ Yes

**❑** No

## **If Yes, Please select the Type/Focus of your organization that most applies:**

**❑** Criminal Justice

**❑** School/Public or Private Education

**❑** Physical Health

**❑** Mental Health

**❑** Vocational Rehabilitation/Education

**❑** Other

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

**❑** I have, or have had, a family member, friend, acquaintance, or a professional client who has participated in your services.

**❑** I have not had a direct relationship with anyone who has participated in your services.

# **Community Stakeholder Survey**

Please circle the number under each item that represents your opinion

## Questions

1. When contacting us by phone, your call is answered in a prompt and courteous manner.

1 2 3 4 5 6 7

Disagree Disagree Disagree Agree Agree Agree N/A

Strongly Slightly Slightly Strongly

1. Our employees return phone calls and/or answer email messages in a timely manner.

1 2 3 4 5 6 7

Disagree Disagree Disagree Agree Agree Agree N/A

Strongly Slightly Slightly Strongly

1. Requests for information about our services, or about an individual receiving services, are responded to in a timely.

1 2 3 4 5 6 7

Disagree Disagree Disagree Agree Agree Agree N/A

Strongly Slightly Slightly Strongly

1. I have been treated with respect each time I have had contact with your organization.

1 2 3 4 5 6 7

Disagree Disagree Disagree Agree Agree Agree N/A

Strongly Slightly Slightly Strongly

1. Persons who request services, and meet the requirements for admission to a program, are admitted in a timely manner.

1 2 3 4 5 6 7

Disagree Disagree Disagree Agree Agree Agree N/A

Strongly Slightly Slightly Strongly

1. Our organization treats all persons participating in services with respect.

1 2 3 4 5 6 7

Disagree Disagree Disagree Agree Agree Agree N/A

Strongly Slightly Slightly Strongly

1. Our employees are sensitive to differences in the cultural backgrounds of the persons receiving services.

1 2 3 4 5 6 7

Disagree Disagree Disagree Agree Agree Agree N/A

Strongly Slightly Slightly Strongly

1. Our organization encourages, and is open to feedback about the quality of our services.

1 2 3 4 5 6 7

Disagree Disagree Disagree Agree Agree Agree N/A

Strongly Slightly Slightly Strongly

1. Our organization is highly respected throughout the community for providing quality services.

1 2 3 4 5 6 7

Disagree Disagree Disagree Agree Agree Agree N/A

Strongly Slightly Slightly Strongly

1. I would recommend your organization's services to a family member or friend, without hesitation.

1 2 3 4 5 6 7

Disagree Disagree Disagree Agree Agree Agree N/A

Strongly Slightly Slightly Strongly

**Comments:**

**Please provide us with comments and feedback about this program.**

Please provide any *specific suggestions* you may have *for improving* our organization and our services:

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Please provide any *additional comments* you may have related to your experience with our organization:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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