



**CUSTOMER SATISFACTION SURVEY
FY 2014/2015**

Name _____ Phone _____ Date _____
Address _____

How are you connected with Community Interface Services?

Family Member Residential Care Provider Community Member Other: _____
 Service Coordinator or DR Counselor: How many persons on your caseload are enrolled in the following Community Interface programs: __Community Integration Training (ADC) __ Supported Employment __Independent Living __Supported Living __In-Home Respite Services __Social Support Facilitation __RSVP __FMS __Other

1. Do you feel that Community Interface consumers are satisfied with their supports and services?
 YES NO N/A Please explain: _____

2. Do you feel that Community Interface provides quality supported employment and/or day programs?
 YES NO N/A Please explain: _____

3. Do you feel that Community Interface provides quality independent/supported living/respite services/Social Support Facilitation? YES NO N/A Please explain: _____

4. Overall, have you had positive interactions with Community Interface supervisory and administrative staff? YES NO N/A Please explain: _____

5. Overall, do you feel that Community Interface direct service staff do a good job of providing supports and services to consumers? YES NO N/A Please explain: _____

6. What do you like best about the services Community Interface provides? Please explain: _____

7. Is there anything you would like to change about the services Community Interface provides?
 YES NO N/A Please explain: _____

8. Are Community Interface's services, meetings, offices, etc., accessible to you and our consumers?
 YES NO N/A Please explain: _____

9. Additional commendations and improvement suggestions: _____

Thank you for your input which helps us strive to exceed your expectations.
Please return this survey by mail, fax, or hand delivery to any Community Interface staff person.

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Community Interface Services
2621 Roosevelt Street
Carlsbad, CA 92008-1660

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DO NOT STAPLE - PLEASE TAPE

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