

L.E.A.P. Customer Survey

Name: (Optional) _____

Date: 11-23-21

How did you find out about Services offered through L.E.A.P.?

- | | |
|---|---|
| <input type="checkbox"/> Friend/Relative
<input type="checkbox"/> Newspaper
<input type="checkbox"/> Radio/TV
<input type="checkbox"/> Employee Referral | <input type="checkbox"/> Agency Referral (specify) _____
<input checked="" type="checkbox"/> Other: (specify) <u>through Supervisor for possible worker training</u> |
|---|---|

Services You REQUESTED:

- | | |
|--|---|
| <input type="checkbox"/> Food Pantry
<input type="checkbox"/> Energy Services
<input type="checkbox"/> Transportation
<input type="checkbox"/> Employment and Training
<input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> Head Start
<input type="checkbox"/> Coat Closet
<input checked="" type="checkbox"/> Metrix (Online Program)
<input type="checkbox"/> Other: (please describe) _____ |
|--|---|

Services You RECEIVED:

- | | |
|--|--|
| <input type="checkbox"/> Food Pantry
<input type="checkbox"/> Emergency Utilities
<input type="checkbox"/> Transportation Services
<input type="checkbox"/> Weatherization of Home
<input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> Employment and Training
<input type="checkbox"/> Coat Closet
<input type="checkbox"/> Head Start
<input checked="" type="checkbox"/> Metrix Orientation / Assistance
<input type="checkbox"/> Others: _____ |
|--|--|

Indicate your level of Satisfaction by circling appropriate number	Poor	Fair	Okay	Good	Great
<u>Services received in a timely manner</u>	1	2	3	④	5
<u>Services met your needs</u>	1	2	③	4	5
<u>Information on other available resources</u>	1	2	3	4	5
<u>Staff demonstrated interest in your needs</u>	1	2	3	④	5
<u>Staff treated you in a courteous manner</u>	1	2	3	④	5
<u>Information or Referral to Community Resources</u>	1	2	3	4	5
<u>Convenience of Center hours</u>	1	2	3	④	5
<u>Convenience of Center location</u>	1	2	3	④	5

Comments: _____

If additional space is needed for your comments, please use the back of form.

Thank you for taking the time to complete this survey!

L.E.A.P.
Customer Survey

Name: (Optional) Rebecca Eddy

Date: 11/30/21

How did you find out about Services offered through L.E.A.P.?

Friend/Relative

Newspaper

Radio/TV

Employee Referral

Agency Referral (specify) _____

Other: (specify) work at DSS

Services You REQUESTED:

Food Pantry

Energy Services

Transportation

Employment and Training

Emergency Assistance

Head Start

Coat Closet

Metrix (Online Program)

Other: (please describe) _____

Services You RECEIVED:

Food Pantry

Emergency Utilities

Transportation Services

Weatherization of Home

Emergency Assistance

Employment and Training

Coat Closet

Head Start

Metrix Orientation / Assistance

Others: _____

Indicate your level of Satisfaction by circling appropriate number

Poor

Fair

Okay

Good

Great