

Visit/contact with us QUESTIONS

NAME: (optional) _____

Telephone Number: (optional) _____

SERVICE: Telephone Calls

VENDOR: AGING & COMMUNITY SERVICES

***PLEASE ANSWER QUESTIONS WITH THE FOLLOWING:
ALWAYS—USUALLY—HALF THE TIME—OCCASIONALLY—NEVER—NA***

1. How often did you hear a pleasant voice on the telephone?
2. How often were your questions answered correctly?
3. How often were your questions answered in a timely manner?
4. How often were you transferred to the appropriate person?
5. How often were you treated courteously and respectfully?

How might we improve our services to you?
