

CLIENT SATISFACTION SURVEY

Please answer the following questions about your visit with Consumer Credit Counseling Service. Be frank when answering these questions - your honest answers will help us to remain a quality organization. This information is kept confidential and only used to monitor and improve the quality of our services.

Strongly Strongly		No			
Disagree Agree	Disagree	Opinion	Agree		
1	2	3	4		5

Circle the number that most closely matches your opinion, according to the scale above:

1) I found the CCCS administrative personnel to be courteous and respectful:	1	2	3	4	5
2) I found the building and facilities to be clean, comfortable, and inviting:	1	2	3	4	5
3) My Counselor was knowledgeable and answered my questions in a professional manner:	1	2	3	4	5
4) The advice I received from my Counselor was helpful and increased my understanding of my financial situation:	1	2	3	4	5
5) I would recommend CCCS to a friend:	1	2	3	4	5
6) Overall, I was satisfied with the quality and professionalism of the services I received:	1	2	3	4	5

Comments:

Counselor's Name:

Date :

Please complete the following for our statistical records:

Gender: Male Female **Age:** _____

Race: African American Caucasian Hispanic Asian Other

Marital Status: Single Married Divorced Widowed Unmarried Couple