1137435633

Consumer Questionnaire

Please return to: COA, 120 Wall Street, 11th Fl., New York, NY 10005

Org ID# | | | | | | | | |

Date: _____ *m m / d d / y y*

Organization Name: _____

City: _____ State: _____

Instructions: Please answer each question by marking the circle ○ under or next to your response. Use only a black or blue pen.

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	NOT SURE/ NOT APPLICABLE
1. I was given written information about my rights and responsibilities as a consumer/client.	○	○	○	○	○
2. The people who work at the organization treat me with respect and courtesy.	○	○	○	○	○
3. The staff is respectful of my confidentiality and privacy.	○	○	○	○	○
4. I know where to go at the organization or whom to speak to if I have a complaint.	○	○	○	○	○
5. The organization asks me about my ideas on how to improve its services.	○	○	○	○	○
6. The organization is easy for me to get to.	○	○	○	○	○
7. The organization's services are available at times that are good for me.	○	○	○	○	○
8. The organization's building and offices are clean.	○	○	○	○	○
9. I feel safe while at the organization and on its property.	○	○	○	○	○
10. I help plan my services and set my goals.	○	○	○	○	○
11. I was able to receive services from the organization without too much waiting time.	○	○	○	○	○
12. I would recommend the organization to my family and friends.	○	○	○	○	○
13. If I needed help or services again I would come back to the organization.	○	○	○	○	○
14. Overall, I am satisfied with the services that I am receiving.	○	○	○	○	○

15. Please use the space below to make additional comments about the organization and the services it provides.

Please tell us:

16. Your age:
- ○ Under 10
- ○ 11-18
- ○ 19-29
- ○ 30-40
- ○ 41-51
- ○ 52-62
- ○ 63 or older

Q17. Your gender:
- ○ Male
- ○ Female
- ○ Transgender

18. The address (only the street number and street name) where you receive/received services:

Thank you for taking time to complete the survey.

☐ I would like to speak with a member of the Council on Accreditation (COA) peer review team at the time of the site visit. However, I understand that they may not contact me if evidence presented during the site visit does not require additional input.

Name: _____ Phone: _____ Ext: _____

E-mail address: _____ Best time to call: _____

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