



Community Action Agency, Inc.



Customer Satisfaction Survey

Date: _____

1. From what program(s) did you receive assistance? (List all that apply)

2. Name(s) of person(s) who assisted you. (Optional)

3. What was your primary reason for visiting LIFT C.A.A.?

4. How would you rate your overall satisfaction with LIFT C.A.A.? (Circle One)

Very Satisfied

Somewhat Satisfied

Not Satisfied

5. Please share why you were or were not satisfied with LIFT C.A.A

6. How did you learn of our assistance/service? (Circle One)

Friend

Internet

Radio

TV

Billboard

Other (please explain)

7. In what county did you receive assistance/service? (Circle One)

Choctaw

McCurtain

Pushmataha

Other (please explain)

8. Which range includes your age? (Circle One)

Under 18

18 to 30

31 to 50

51 to 65

66 or above

9. What is your gender? (Circle One)

Male

Female

Prefer Not To Answer

10. What is your race? (Circle One)

White

Black/African American

Native Hawaiian/Pacific Islander

Asian

American Indian

Two or More Races

Prefer Not To Answer

11. What is your ethnicity? (Circle One)

Hispanic/Latino

Non-Hispanic/Latino

12. Do you have any suggestions for improving our products/services?

13. Would you like to provide LIFT CAA with your testimonial as to how this service assisted you?
