

Establishing a Customer Focused Approach to Community Action Agency Services

This document was prepared by Jim Boyd under a technical assistance consultant agreement sponsored by the National Community Action Partnership, Washington DC and the Texas Department of Housing and Community Affairs, Austin, Texas

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This document provides tips and suggestions for implementing a customer satisfaction system in a community action agency. To achieve this end, it provides real-world examples of customer feedback processes and procedures ranging from simple paper/postcard or scantron surveys to more elaborate on-line or telephone survey approaches. All examples are based on sound and proven customer surveying approaches and methods based on the *American Customer Satisfaction Index* model (www.theacsi.org/about-acsi/the-science-of-customer-satisfaction) – a national methodology widely used in private industry sectors as well as by local, state and federal entities. Currently the Office of Community Services (OCS), U.S. Department of Health and Human Services uses this model to survey state offices administering CSBG grants.

With the adoption and implementation of the CSBG Organizational Standards in 2017, a systematic approach for collecting, analyzing and reporting customer satisfaction data to the agency governing (tripartite/advisory) board is now required (**Organizational Standard 1.3**) of all Community Action Agencies.

Organizations that choose to focus on achieving customer driven excellence often have the following attributes:

- Customer-focused vision and mission statements
- Continuous improvement organizational culture – a listening and learning environment
- A focus on the total customer experience from first contact to end results
- Customer service standards, staff training and accountability at every level of the organization

Tips for designing a customer satisfaction, feedback and improvement system in your agency:

- Involves the agency Board, and adopt a written (formal), agency-wide customer service policy that covers all programs and services administered by the agency;
- Adopts policies and procedures that address both External Customers (clients, partners, stakeholders, funders etc.) and Internal Customers (staff, Board members and volunteers).
- Ensures the policy lays out clear procedures (often via a procedures guide) and provisions for required customer service training on engaging the client as a customer;
- Ensures the policy lays out procedures for data collection, analysis, reporting and how the data will be used for agency improvement over time;
- Recognizes that customer satisfaction feedback is time sensitive – collecting actionable customer data (satisfaction) and making corresponding improvements is the purpose of the system. This is different from the community needs assessment requirements in **Organizational Standard 1.2**.
- Ensures customer satisfaction data is aggregated systematically, tracked over time, and reported systematically to the staff, Board, and community.
- Presents agency customer satisfaction results (measures/metrics data) in an agency-wide performance scorecard and as part of an agency annual report.

Tips for developing an in-house customer satisfaction system

Brainstorm the following:

- What feedback methods are already in-use or currently required?
 - Staff feedback
 - Program specific surveys
 - Complaint resolution
 - Partner surveys
- How can we consolidate all methods under a uniform approach?
- What form should the survey be?
 - Comment card (informal)
 - Formal paper survey
 - E-survey (e.g. via a web page or on an iPad)
- When should customers receive the initial survey and what is the target response rate?
- What training is needed for front line staff?
- Should multiple collection methods and formats be used?
- Are there confidentiality and accessibility issues?
- When do you conduct follow-up?
- What is your structure and process for analyzing data and who is in charge of it?

Tips for designing the customer feedback survey instrument:

- Utilize a method that obtains both an overall satisfaction rate and contributing factors.
- Ask questions that provide actionable feedback;
- Consider a Likert scale of at least 5 elements rather than simple Yes/No options;
- Ask limited open-ended questions “How can we improve our service, etc.;
- If seeking more in-depth information, link the survey to follow-up focus group;
- Proactively engage the customer – remember that ease, convenience, and incentives are the key to response rates.

To assist in establishing a customer satisfaction and improvement system, real world policies, sample Board actions, agency procedures and sample survey instruments are provided from the following Community Action Agencies:

- Eastern Idaho Community Action Partnership, Idaho Falls, ID
- San Luis Obispo CAA, San Luis Obispo, CA
- Community Council of South Central Texas, Seguin, TX
- KCEOC Community Action Partnership in Barbourville, KY

Additional generic on-line sample customer survey instruments are provided as attachments.

(1) Eastern Idaho Community Action Partnership (EICAP), Idaho Falls, Idaho

2012 recipient of the Award for Excellence in Community Action

The first sample was developed by the Eastern Idaho Community Action Partnership (EICAP) as part of its Pathways and Award for Excellence Initiative (in 2012) sponsored by the Community Action Partnership.

EICAP Process

EICAP developed post card sized Customer Satisfaction cards. These cards are color coded to match the Program Service Guide (or “Cheat Sheet”). These cards have prepaid postage and are made available to any visitor who comes to an agency location or service center.

In some instances, clients who are visited in their homes or at a third party location are also given cards, but certain questions may be blacked out on the cards. Each program director determines the circumstances and mechanism for these cards to be distributed.

As Customer Satisfaction cards are returned, they are entered into a collection mechanism (currently, Survey Monkey). Quarterly, EICAP’s Information Systems Manager produces a quarterly report of individual program surveys, which is shared with the appropriate program director and the Executive Director. In addition, a global report of all surveys is produced and shared with the Leadership Team Board of Directors and other agency and community documents.

The agency survey data is used in the following ways:

- The responses to the “**My needs were met.**” and “**I would recommend EICAP to friends and family.**” questions are incorporated into the agency’s Performance Scorecard as an overall satisfaction score tracked over time. This is a key metric of agency success.
- The Leadership Team examines the results and comments of the global response report. Based on these customer feedback and results, agency-wide policy and improvement strategies are adopted and deployed to improve service delivery to our customers.

Advantages:

- Easy startup and may be offered in a paper postcard format. It can be used across multiple program area with each program using a different card color to distinguish the origination of the survey.
- Proven survey methodology and adaptation to a CAA environment.
- Can be adapted also as an electronic/on-line survey approach and modified to offer a 5 or 7 selection Likert preference scale.
- By using a yes/no question set, it is simple to calculate the level of satisfaction or dissatisfaction – either a client/user is or is not satisfied with the agency or services received.

- This survey is based on the American Customer Satisfaction Survey methodology – a proven and effective way to assess both the degree of satisfaction/dissatisfaction (overall satisfaction level) and key contributing factors of dissatisfaction (treatment by staff, facilities etc.).
- By having each program use the identical survey, but with different color cardstock, EICAP was about to zero in on area of needed improvement by program and location.

Disadvantages:

- Paper version with color codes may not work for every agency because of service delivery structure or logistics involved.
- More staff intensive and less technical efficiency – agency size will determine best approach.
- Yes/No questions offer a limited scale (compared to a 5 or 7 selection Likert scale) for assessing degrees of satisfaction.

Note: The availability of on-line survey tools has proliferated in the last few years and may make more sense than a paper postcard approach. However, use of multiple methods (such as using both post cards and online options dramatically enhance customer access and should be considered.

Thank You for taking a minute to fill out this customer survey.
Please complete it and put it in the mail. We value your response.

| | Yes | No |
|---|-----|----|
| When I entered the building, I felt welcome. | | |
| The facilities were clean. | | |
| I was helped in a timely manner. | | |
| I was treated with respect. | | |
| My needs were met. | | |
| I was informed about other EICAP or community services. | | |
| I would recommend EICAP to friends and family. | | |

I would be willing to participate in a discussion group to help EICAP continue to improve. (please include name and contact number)

Name: _____ Phone #: _____

Comments / How can we better serve you?

The survey methodology for this seven question survey approach follows the ACSI customer survey concept. It is based on following:

Overall Satisfaction/Dissatisfaction Level is the critical measure of satisfaction to be collected, tracked and reported by the agency over time. It represents a composite of multiple factors experienced by the customer at the agency -- both positive and negative.

Based on the ACSI methodology, this survey's seven (7) question set may be segmented as follows:

Overall Satisfaction/Dissatisfaction

One question to capture (and track over time) the agency's "overall" satisfaction rate:

- I would recommend EICAP to friends and family.

As you can see, this survey uses a Yes/No responses, but a graduated scale or degree of satisfaction (see the KCEOC and other sample instruments in this document) can also be used. Either approach allows the agency to tabulate an agency-wide aggregate result represented by a simple percentage (%) of customer satisfaction. This percentage may also be calculated for individual programs as well. However a valid survey sample and formally adopted (agency-wide policy) methodology must be employed to ensure validity of the process. If a standardized methodology is used, aggregate results may then be segmented and calculated by program area, geography or other internal usage.

The value of this methodology is the ability to collect actionable customer data from the customers receiving services that can help identify the overall rate, but also contributing factors affecting the overall satisfaction level. The importance of this additional causal data is critical to an agency committed to improving services to its customers. Identifying contributing factors to dissatisfaction and making timely improvements based on these factors is the ultimate purpose of the survey process – not just tracking and reporting an overall level of satisfaction.

Indicators of Satisfaction/Dissatisfaction

Six questions in this survey instrument are intended to identify and track indicators or contributing factors of dissatisfaction. Customer feedback from these questions may indicate why a customer is dissatisfied or satisfied such as how customers are treated (staff issues), the condition of the facility (cleanliness or access issues), and services provided (availability, timeliness, results, or efficiency of service). Keep in mind that this simple survey is designed mainly to determine the degree of satisfaction at the time of service, and not to analyze all causes in depth.

Six questions in the survey relate to "*contributing factors*" that affect the overall agency satisfaction/dissatisfaction rate:

Staff

- When I entered the building, I felt welcome?
- I was treated with respect?

Facility

- The facilities were clean. (Could also say "clean and accessible")

Services

- I was helped in a timely manner?
 - My needs were met?
 - I was informed about other EICAP and community services?
-

(2) San Luis Obispo CAA (SLO), San Luis Obispo, CA

2016 Award for Excellence in Community Action Recipient

SLO CAA initiated their approach to customer driven excellence via a customer feedback and improvement policy initially adopted by the SLO Board 2013

SLO BOARD ACTION

ITEM: Customer/Constituent Feedback System

ACTION REQUIRED: Board approval to formally adopt a systematic, agency-wide policy and process to collect, assess, act upon, and trend client and constituent feedback regarding agency programs and services.

SUMMARY NARRATIVE: Community Action Agencies (CAAs) are tasked with understanding the voices of customers, constituents and stakeholders in the community. Relationships are an integral part of an overall listening and learning strategy. To meet the Pathways to Excellence Standard 3.2, CAPSLO must develop and implement an agency-wide policy and process to systematically collect, assess, and act upon customer/constituent feedback from customers about agency programs and services. The agency must also systematically track and produce formal reports using trends and comparative customer/constituent feedback data that provide evidence of a high degree of satisfaction among low-income customers, partners/stakeholders, investors/funders, and the community. Customer driven excellence is the outcome of this process. A standardized client survey has been developed and an annual calendar set for each program to administer the survey to their clients during a pre-designated month of each year. In some cases, an additional program-specific survey will be attached. The survey is available in English and Spanish. Results will be reviewed by the Board Planning Committee and reported to the full Board, at minimum, once yearly with any recommendations made at that time.

BUDGET/FINANCIAL IMPACT: \$1,800 in the first year for formatting, printing and reporting all client surveys. This includes the printing of 9,200 surveys for one year. These costs should diminish slightly in the following years due to an existing design.

STAFF RECOMMENDATION: Recommend approval. It is very important that the agency have a systematic, agency-wide process to collect, assess, and act upon customer/constituent feedback for continuous agency and program improvement.

CHIEF EXECUTIVE OFFICER'S RECOMMENDATION: Recommend approval. Having an opportunity to learn from those we serve on a more systematic basis will enable the agency to make more strategic decisions regarding future program development and improvement

PROCEDURES FOR ADMINISTERING CUSTOMER SURVEYS

In 2013, the CAPSLO Board of Directors approved a formal process for systematically collecting, segmenting, assessing, and acting upon customer/constituent feedback from targeted customers regarding agency programs and services. Client participants, partners/stakeholders, investors/funding sources and the general community participate in both agency-wide and program-specific satisfaction surveys.

The process for obtaining feedback is as follows:

Client/Participants

A standardized, anonymous 8-question survey postcard (Spanish/English) is provided to all participants accessing services during a one-month period. Each division conducts the participant survey during the following months:

- January Adult Day Center
- February CCRC/Health Services
- April/May Head Start/Early Head Start/State Child Development
- June Direct Services
- July Homeless Services
- September Energy/Migrant and Seasonal Head Start

Survey cards are provided to participants at the time of service.

Cards are mailed back to the Planning Department (using a pre-stamped card), OR are returned to a secured response box located at the service site.

The Planning Department is responsible for compiling all responses and sending them to Survey Systems, who then prepares a report and mails back to Planning. The report is provided to the Employee Council, Division/Program Director, and the Leadership team.

The **Employee Council** reports results, and if needed, makes recommendations for improvement to the Board Planning Committee, who then makes recommendations to the full board at minimum, annually. If changes are recommended, the program or department director is asked to develop a plan for improvement within one month, detailing persons responsible and a timeline.

The division or deputy director monitors completion of the plan and, upon its execution, reports back to the Planning Committee and Planning Department (for tracking and trending). The Committee reports results to the full Board.

The Planning Department tracks and trends customer satisfaction and program improvements in ClientTrack to demonstrate responsiveness to client feedback, types of program improvement, and high degrees of satisfaction. The Planning Department reports trend data to the Board on an annual basis.

SLO Low-income Customer Survey Methodology/Process – At-A-Glance

- 8 questions survey with a 30 day survey period
- Scantron Paper Survey or In-person or mailed
- Cards mailed / delivered to securely
- Surveys mailed to Survey Systems for scanning
- Customer survey Results Report compiled and emailed to Program Director and Employee Council
- Tasking the SLO Employee Council to assess results and recommend improvements
- Results aggregated into Program Assessment Reports for Board
- Customers who expressing interest in discussion on service improvement contacted
- Annual tracking of overall customer satisfaction rates overtime as part of the agency's agency wide performance scorecard.

Below is a sample **scantron** based customer survey instrument:

community Action PARTNERSHIP of SAN LUIS OBISPO COUNTY, INC.
Helping People. Changing Lives.

Thank you for responding to our survey so that we are better able to serve our customers!

Please use pencil or blue/black pen and fill circles completely.

| | Yes | No | N/A |
|---|-----------------------|-----------------------|-----------------------|
| 1. I was helped in a timely manner. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I was treated with respect. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I got the information/services I needed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I was informed about other CAPSLO or community services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I would recommend CAPSLO to friends and/or family. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. I would be willing to participate in a discussion group to help CAPSLO continue to improve (please include name and contact number). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. When I came into the building, I felt welcomed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. The building was clean. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Name: _____ Contact Number: _____

Comments/how can we better serve you? _____

[Seq#]

This eight question survey instrument follows the same ACSI methodology, but adds a question about participation in an agency focus group.

(3) Community Council of South Central Texas (CCSCT), Seguin, TX Pathways to Excellence Participant 2015

CCSCT Client Satisfaction Survey Policy-External

Purpose

Define and provide guidelines for collecting, analyzing and reporting external client satisfaction data.

Policy

Each program will distribute satisfaction surveys to clients in the quarter for which they have been pre-assigned (see schedule below). These surveys will be collected at the time of service and/or the time of inspection, depending on the program.

The results of the surveys collected throughout that quarter will then be compiled by the Program Director and analyzed to identify areas for improvement to services in the first month immediately

following the quarter. The results of the surveys for each program, along with any necessary improvements, will be reported to the Board annually in January.

Schedule

| Program | Assigned Quarter | Months for Collection | Months for Compiling & Analyzing | Reporting to Board |
|--------------------|-------------------------|------------------------------|---|---------------------------|
| Weatherization | Q1 | Jan, Feb & March | April | January of each year |
| WIC | Q2 | April, May & June | July | January of each year |
| Aging/Senior Meals | Q3 | July, August & September | October | January of each year |
| CEAP/CSBG | Q4 | October, November & December | January | January of each year |

SAMPLE
Client Survey to Evaluate Services

Community Council of South Central Texas, Inc.

City and County where you live: _____

Age (optional): _____

Survey Purpose: We need your feedback to help improve our services and plan future services.

1. Describe how satisfied you are with the services you received from our agency by circling the rating which best describes your experience:

| Rating Topics | No Opinion 0 | Poor 1 | Fair 2 | Good 3 | Excellent 4 |
|---|-----------------|-----------|-----------|-----------|----------------|
| 1. How did staff treat you? | 0 | 1 | 2 | 3 | 4 |
| 2. Were the office hours convenient for you? | 0 | 1 | 2 | 3 | 4 |
| 3. Did staff do what they said they would do to assist you? | 0 | 1 | 2 | 3 | 4 |
| 4. Did staff assist you in a timely manner? | 0 | 1 | 2 | 3 | 4 |
| 5. How was your overall service experience? | 0 | 1 | 2 | 3 | 4 |

2. Do you have any recommendations to improve how we serve you?

Thank you for taking time to provide us your feedback.

Note: This survey omits questions on facility cleanliness but includes one on convenience of office hours, i.e. accessibility for clients.

(4) KCEOC Kentucky, Barbourville, Kentucky

2016 Community Action Award for Excellence Recipient

KCEOC Community Action Partnership Focus Policies and Procedures Manual - 4/12/2017

PURPOSE

The purpose of this policy is to illustrate how KCEOC, Community Action Partnership Inc. gathers, processes, analyzes, and creates new programs, policies and procedures based upon the data gathered from individual programs/departments, internal/external customer and stakeholder feedback.

POLICY

The goal of this policy is to show a clear and concise method for KCEOC, CAP Inc. to process, analyze, make recommendations, create policies and procedures, report on programs/departments, internal/external customers and stakeholder feedback to its Management Team and Board of Directors. This procedure does not override customer service policies required or initiated by specific programs. It is meant to serve as a complimentary document to ensure continuous customer service feedback.

PROCEDURES

The Customer Service Committee (CSC) collects feedback from customers/stakeholders via distributed surveys, suggestion box, program or department reports or another acceptable determined format. The Committee reports to the KCEOC Management Team and Board of Directors quarterly, makes recommendations, and suggests actions, and policies/procedures based on feedback received from customers and stakeholders. Customer and stakeholder feedback is collected monthly.

A. External Customer Feedback:

The Customer Service Committee (CSC) collects external customer feedback through the Customer Satisfaction Surveys.

Our targeted external customers are:

- Clients
- Community members
- Donors
- Partners
- Volunteers
- Others as deemed appropriate

The surveys are gathered through various techniques including:

- Telephone Interviews
- Hand to Hand Distribution
- Mailings
- Lock Box Collection
- Agency Web-Site Feedback System

External Customer Feedback gathered from all types of customer satisfaction surveys are reported to the CSC quarterly (customer satisfaction feedback). Some types of customer satisfaction feedback are reported annually in whichever quarter they happen to be scheduled in (Partner, Donor, and Volunteer feedback). All Customer Feedback types will have a specific feedback report created for that type (I.E. Partner Feedback Report). The CSC Co-Chairs create a report from the Survey Gold program or receive it from Survey Systems, Inc. and will refer to it as the feedback report.

The feedback report is reviewed, analyzed and discussed by the CSC. The CSC Co-Chairs copy the feedback report with commentary if needed and submit it to KCEOC's Management Team and Board of Director's. KCEOC's Management Team reviews the feedback report submitted by the CSC. KCEOC's Management Team addresses negative feedback by discussing, formulating and creating strategies, policies, and procedures to improve agency customer service.

KCEOC's Management Team shares positive feedback with the appropriate program, department manager, or employee to ensure that proper recognition is received by all who deserve to receive it (chain of command email, newsletter section, Intranet Customer Service Portal).

B. Internal Customer Feedback: The Customer Service Committee (CSC) collects internal customer feedback through a paper survey referred to as the Employee Satisfaction Survey.

Our internal customers who will be targeted are:

- Board Members
- Employees
- Others as deemed appropriate

The feedback will be gathered through various techniques including, but not limited to:

- Paper Employee Satisfaction Surveys distributed by hand at KCEOCC Annual staff meetings
- Agency Web-site Feedback system
- Paper Employee Satisfaction Surveys distributed by hand at the County meetings
- Employee Exit surveys
- Open door policy
- Virtual Employee suggestion box

Internal Customer Feedback is reported to the CSC annually. The CSC Co-Chairs create a report from the Survey Gold program referred to as the internal feedback report. The internal feedback report is reviewed, analyzed and discussed by the CSC. The CSC Co-Chairs copy major complaints from the Internal Customer feedback reports and submit them to the agency Personnel Manager. The CSC tracks both positive and negative feedback submitted to the agency personnel manager or the management team

KCEOC's Management Team discusses, formulates strategies, policies, and procedures to improve the agency based on the feedback received. The feedback reports are submitted to the KCEOC Management and Board of Directors annually along with recommendations and the creation for new or revised policies and procedures were applicable.

KCEOC's Management Team reviews the feedback report submitted by the CSC. KCEOC's Management Team addresses negative feedback by discussing, formulating and creating strategies, policies, and procedures to improve agency customer service. KCEOC's Management Team shares positive feedback with the appropriate program, department manager, or employee to ensure that proper recognition is received by all who deserve to receive it (chain of command email, newsletter section, Intranet Customer Service Portal).

C. Program/Department Reporting: Customer feedback is reported to the CSC quarterly or another pre-determined time frame. The rate at which feedback is collected is solely based on program structure and function. A designated member of the CSC is responsible to facilitate survey distribution and collection for each program/department. A member designated by the CSC is also assigned to collect surveys from agency lock boxes and submit them to the CSC Co-Chairs.

Some programs may collect customer feedback on an ongoing basis throughout the year while other programs may collect feedback two times per year. Program/department feedback surveys are reviewed and analyzed by the CSC. Feedback reports are created with the Survey Gold program or are received from Survey Systems, Inc. and are reported to the KCEOC Management Team and Board of Directors. The Customer Service Committee recommends and creates policies/resolutions from these reports for KCEOC's Management Team to consider.

KCEOC Customer Satisfaction Survey

Answer questions as they relate to you. For most answers, check the boxes most applicable to you or fill in the blanks.

Staff Courtesy

| | Poor Service | Poor to Average | Average | Above Average | Great Service |
|---|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|
| Staff was courteous and helpful. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| Staff was patient and did not rush. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| Staff answered questions and took interest in you. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| Staff focused on your case and did not spend time with other issues or other people while with you. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |

Meeting Your Needs

| | Poor Service | Poor to Average | Average | Above Average | Great Service |
|---|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|
| Correct information was given to you. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| You received a quick response to your requests. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| You were given a clear understanding of what was required of you to receive services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| The services you "qualified" for were provided to you. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |

Privacy

| | Poor Service | Poor to Average | Average | Above Average | Great Service |
|---|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|
| You felt comfortable in sharing private information with our staff. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |

The area was appropriate for private conversations.



You felt your information would be kept confidential by KCEOC staff.



Facilities/Location

Facilities were clean.

- Poor Service
- Poor to Average
- Average
- Above Average
- Great Service
- N/A

You were comfortable during the visit.

- Poor Service
- Poor to Average
- Average
- Above Average
- Great Service

You were able to find our agency easily.

- Poor Service
- Poor to Average
- Average
- Above Average
- Great Service
- N/A

Opportunities for Change

Overall rating of KCEOC services.

- Poor Service
- Poor to Average
- Average
- Above Average

Would you recommend KCEOC to others?

- Yes
- No

General Information

Did you receive services recently?

- Yes
- No

Which program did you apply for? *(Use option box listing available programs for online)*

Did KCEOC staff tell you about other KCEOC programs?

- Yes
- No

Would you like to volunteer for our agency?

- Yes
- No

Would you be interested in participating in further discussion to help KCEOC improve?

- Yes
- No

How did you hear about KCEOC?

- Newspaper
- Radio
- Television
- Social Media
- Other

What would make our services better? *(Use Text Box for online survey)*

Would you like your name included in the quarterly Customer Service drawing?

- Yes
- No

Please tell us about yourself. *(this information is voluntary, if participating, provide name, address, email address, and phone number) (Use text box for online survey)*

Attachments – Customer Feedback Instruments

The following customer satisfaction survey instruments are provided to demonstrate the variety of approaches utilized by individual CAAs nationwide. They do not include the overall agency policy that guides the process for administering the survey or compiling results. The comprehensive policy for administering the survey, collecting and analyzing the data, and reporting/tracking it over time must come first.

All of these instruments follow the basic concepts of the ACSI model and approach. Their intent is for identifying an overall satisfaction level plus collecting additional customer data on contributing factors or indicators of dissatisfaction. All instruments are utilized on-line using third-party survey vendors such as *Survey Monkey* or similar data collections services that may be available to an agency. No particular vendor is endorsed or recommended.

Customer Satisfaction Survey – Online Version

Dear _____ Community Action Customer:

Thank you for coming to _____ Community Action for your needs. _____ Community Action values its customers and is committed to providing quality services. Please take a moment to tell us about your experience with our staff and our programs.

| | | | | | |
|---|---|--|--|--|--|
| 1, What type of services did you seek today? | <input type="radio"/> Emergency Services <input type="radio"/> Weatherization <input type="radio"/> Transportation <input checked="" type="radio"/> Emergency Food Assistance <input type="radio"/> Other _____ | | | | |
| 2. Agency Staff was polite and respectful? | <input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree <input type="radio"/> N/A | | | | |
| 3. Facility was clean and accessible? | <input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree <input type="radio"/> N/A | | | | |
| 4. Staff listened and responded to my concerns? | <input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree <input type="radio"/> N/A | | | | |
| 5. Staff provided information about additional programs that might be helpful to me? | <input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree <input type="radio"/> N/A | | | | |
| 6. My needs were met? | <input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree <input type="radio"/> N/A | | | | |
| 7. I would recommend the agency/program to others? | <input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree <input type="radio"/> N/A | | | | |
| 8. Additional Comments | <div style="border: 1px solid gray; height: 100px; width: 100%;"></div> | | | | |

Customer Satisfaction – Online Survey Instrument

Please take a moment to tell us about your experience with our staff and our programs.

1. When I entered the building, I felt welcome

- Yes
- No

2. The facilities were clean.

- Yes
- No

3. I was helped in a timely manner

- Yes
- No

4. I was treated with respect

- Yes
- No

5. My needs were met.

- Yes
- No

6. I was informed about other agency specific community services.

- Yes
- No

7. I would recommend this agency and its services to friends and family

- Yes
- No

8. I would be willing to participate in a discussion group to help this agency continue to improve.

- Yes
- No

Contact Information

9. Comments/ How can we better serve you?

*** 10. From what area did you receive your service today?**

- Head Start/Early Head Start
 - Ohio Means Jobs
 - Housing
 - Emergency Services (HEAP)
 - Financial Education/Housing Counseling Services
 - Senior Nutrition
 - Family Health Services (WIC)
-

Source: Highland County CAP, Hillsborough, Ohio

Customer Satisfaction – Telephone Survey Instrument

*This format may be adapted to an on-line/internet survey using a third-party telephone survey vendor.
Results are compiled by the third part and submitted to the agency for review and approval.*

Hello, my name is (interviewer name) and I am with (third party entity) conducting a survey for (name of CAA) to determine your level of satisfaction/dissatisfaction with the services and this agency/contractor.

I would like to ask you some questions about the (**Name of the Program**) and the (Agency/Contractor as applicable). We want to know your perception and feedback about your experience and the services you used. We value your feedback so we can improve what we do.

First I am going to describe different parts of the program and ask how satisfied you were with them. We will use a scale of “1” to “10” where “1” means “**very dissatisfied**” with the statement and “10” means “**very satisfied**.” (Use DK for Don’t Know or No Opinion)

Again, on a scale of 1-10, how satisfied/dissatisfied were you with:

Q1. The program/agency facilities, including cleanliness, access, or availability.

| | | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|----|-------------------|----|----|
| Very Dissatisfied | | | | | | | | | | Very Satisfied | DK | NA |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | |

Q2. How you were treated. Staff treated you with respect?

| | | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|----|-------------------|----|----|
| Very Dissatisfied | | | | | | | | | | Very Satisfied | DK | NA |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | |

Q3. The promptness of the program staff in responding to your needs.

| | | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|----|-------------------|----|----|
| Very Dissatisfied | | | | | | | | | | Very Satisfied | DK | NA |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | |

Q4. The program staff’s level of competence and knowledge.

| | | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|----|-------------------|----|----|
| Very Dissatisfied | | | | | | | | | | Very Satisfied | DK | NA |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | |

Satisfaction with Specific Programs or Services Received

Now I want to ask you about your satisfaction with specific services you received while in the program (if services were received).

If you received a service or participated in a program, and using a 1-10 scale where “1” means “Very Dissatisfied” and “10” means “Very Satisfied”, how satisfied were you with:

Q5. The Counseling, Case Management, or Referrals (act) you received from the program/agency.

| | | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|----|-------------------|----|----|
| Very Dissatisfied | | | | | | | | | | Very Satisfied | DK | NA |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | |

Overall Agency/Program/Service Satisfaction

Now, I want to ask you about your **Overall Satisfaction** with specific services you received. First, please consider all of your experience to date with the program or service.

Q6. Overall, how satisfied/dissatisfied are you with the program or service you received.

| | | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|----|-------------------|----|----|
| Very Dissatisfied | | | | | | | | | | Very Satisfied | DK | NA |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | |

Q7. How likely is it that you would recommend the program or service to a family member or friend? Here “1” means “Not Very Likely” and “10” means “Very Likely.”

| | | | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|----|----------------|----|----|
| Not Very Likely | | | | | | | | | | Very Likely | DK | NA |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | |

Q8. Overall, how much did the program or service provided help you.

| | | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|----|--------------|----|----|
| Very Little | | | | | | | | | | Very Much | DK | NA |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | |

Do you have any other comments to make about the program, service, contractor or agency involved in the service provided? All information in this survey is treated confidentially and no individual information will be divulged. However, if you would like to be contacted, please leave your name and contact information.

Thank You For Your Time in Answering These Questions

Customer Satisfaction -- Online Survey Instrument

Which program area or staff did you visit or talk with? (Optional)

I received the services I came for: *

Strongly Disagree Disagree Neutral Agree Strongly Agree

If we could not provide the service you needed, the person assisting helped to find services elsewhere. *

Strongly Disagree Disagree Neutral Agree Strongly Agree

The service I received was helpful to me. *

Strongly Disagree Disagree Neutral Agree Strongly Agree

The person that assisted me was knowledgeable. *

Strongly Disagree Disagree Neutral Agree Strongly Agree

I was informed of other services offered by Chelan-Douglas Community Action Council. *

Strongly Agree Agree Neutral Disagree Strongly Disagree

I was treated with respect during this visit. *

Strongly Agree Agree Neutral Disagree Strongly Disagree

How likely are you to recommend this service to someone you know? *

Not at all likely Slightly likely Moderately likely Very likely Extremely likely

On a scale of 1 to 10, how would you rate your overall experience with Chelan-Douglas Community Action Council? *

1 Unacceptable 2 3 4 5 6 7 8 9 10 Excellent

In the past, have you visited any of the following Chelan-Douglas Community Action Council programs?

Energy Assistance Program Weatherization Housing Asset Building Literacy Council RSVP Intermountain AmeriCorps North Central Washington Food Distribution Center Green Bags Other

If you selected "Other" for the previous question please share which program/service below:

Please feel free to leave any additional comments or suggestions.

Source: Cheland/Douglass CAA, Wenatchee, Washington

Customer Survey – Online Survey Instrument

Please answer the following questions:

- From which department or division or program in our agency did you seek services?
- How would you rate your customer service experience?*

 - Extremely satisfied
 - Somewhat satisfied
 - Neutral
 - Somewhat dissatisfied
 - Extremely dissatisfied

- How likely is it that you would recommend us to another person?*

 - Very likely
 - Somewhat likely
 - Neutral
 - Somewhat unlikely
 - Very unlikely

- How do we rate on professionalism?*

 - Well Above Average
 - Above Average
 - Average
 - Below Average
 - Well Below Average

- How do we rate on quality of services provided?*

 - Well Above Average
 - Above Average
 - Average
 - Below Average
 - Well Below Average

- How do we rate on understanding customers' needs?*

 - Well Above Average
 - Above Average
 - Average
 - Below Average
 - Well Below Average

- Customer Suggestions (Use comment/Text Box Online)

Source: Mohawk Valley CAA, Utica, NY