

### LOCAL AGENCY CUSTOMER FEEDBACK

In order to better serve you, we ask that you fill out this form about your visit to our office today. **You do not need to put your name, address or telephone number on this form. All answers will be kept private.**

Please read each statement below and check the box that best describes how you feel. If the statement does not apply to you, check the "N/A" box. When you are done, please put both copies in the box provided. Thank you for your help.

Today's Date \_\_\_\_\_ What County or Tribal agency are you visiting today? \_\_\_\_\_

<b>1. Overall, I am satisfied with the services I have received in the office today.</b>	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> N/A
<b>2. I understood when the staff told me about programs and services I could get.</b>	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> N/A
<b>3. The staff told me about</b>	<input type="checkbox"/> FoodShare	<input type="checkbox"/> Medicaid/BadgerCare	<input type="checkbox"/> Other		
<b>4. The staff treated me fairly and with respect.</b>	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> N/A
<b>5. The staff was helpful.</b>	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> N/A
<b>6. I understood when the staff told me what I needed to do to get and keep benefits.</b>	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> N/A
<b>7. The staff returns my telephone calls within....</b>	<input type="checkbox"/> 1 Day	<input type="checkbox"/> 2 Days	<input type="checkbox"/> 3 Days	<input type="checkbox"/> Has not returned my calls	
<b>8. I am able to get to the office during the hours it is open.</b>	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> N/A
<b>9. How do you most like to contact the office when you need help or have a question?</b>	<input type="checkbox"/> In person	<input type="checkbox"/> By phone	<input type="checkbox"/> By mail	<input type="checkbox"/> By email	

Use this space, to write down anything else you would like to tell us.

**Agency Use Only** — Send completed forms quarterly to:  
DHFS/DHCF/BEM/Program Management Section, 1 West Wilson, Room 1050, Madison, WI. 53703