

Customer Experience Survey

Thank you for visiting our agency today. To understand how well we are serving you, we have a short survey about your visit. The survey will take less than five minutes. If you do not want to answer a question, you can leave it blank. Your answers will be kept private. **Do not put your name, address, or phone number on this form.**

Today's date: _____

Name of the county/Tribal agency you visited today: _____

1. What was the purpose of your visit today? Select all that apply.

| | |
|---|--|
| <input type="checkbox"/> Get information about benefit programs | <input type="checkbox"/> Go to a scheduled appointment |
| <input type="checkbox"/> Apply for benefits | <input type="checkbox"/> QUEST/EBT services |
| <input type="checkbox"/> Renew benefits | <input type="checkbox"/> Pick up my program mail |
| <input type="checkbox"/> Drop off verification documents | <input type="checkbox"/> Ask questions about my case or report changes |
| <input type="checkbox"/> Other: _____ | |

2. Does the location you visited have signs that make it easy to find where to go? Select one.

Yes No

3. Were you treated with courtesy and respect throughout your visit? Select one.

Yes No Somewhat

4. Were all of your questions and concerns addressed during your visit? Select one.

Yes No Somewhat

5. Was the information given to you clear and easy to understand? Select one.

Yes No Somewhat

6. Do you understand what the next steps are to help the reason for your visit today? Select one.

Yes No Somewhat

7. Were you satisfied with the services today? Select one.

Yes No Somewhat

8. Did you know that you can use the MyACCESS mobile app to submit your documents, update your address and phone number, get program reminders, and check your benefit status? Select one.

Yes No Somewhat

9. Were you happy with the quality of the bilingual services you received today? Select one.

Yes No Somewhat Does not apply to me

10. Which is the best way for you to learn about changes to a program's policies or requirements? Select one.

Email Text message Phone call Letter from agency In-person meeting

Additional comments:

Agency Use Only

Send completed forms quarterly to DHS, DMS, Attn: Customer Service Feedback, PO Box 309, Madison, WI 53701-0309

White Copy – County Agency

Pink Copy – State