

SSP FY 2010 Customer Satisfaction Questionnaire

The information gathered from this questionnaire will be used in the development of the SSP FY 2010 Strategic Plan. Please fill out all areas and provide as much information as possible concerning SSP services you utilize. Please fax (618) 465-3302, mail or drop off your responses to: 2603 North Rodgers Avenue, Alton, IL 62002. **PLEASE RETURN THIS FORM BY 7/31/09 Thank You for Your Input.**

1. What is your age: _____ Township you live in: _____

2. What program do you utilize at SSP: Meals On Wheels: _____

Homemaker Services: _____ Faith & Action _____ Information & Assistance: _____

Transportation: _____ FGP Volunteer _____ Wellness Center: _____

Trips: _____ Other Services: _____

Dining Site Services: _____ Location: _____

3. Are our services meeting your needs: _____ Yes _____ No

If you checked no, then why are our services not meeting your needs? _____

4. Do our services help you? : _____ Yes _____ No

If you checked no, then why are our services not helping you? _____

5. How would you rate the services on a scale of 1 to 5 with 1 being the highest and 5 the lowest: 1 Excellent ___ 2 Outstanding ___ 3 Good ___ 4 Fair ___ 5 Poor ___

Comments: _____

6. What are some services or areas that you would like to see SSP provide?

7. General Comments or Concerns:
