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|  | **DSHS Community Services Survey** | **FOR INTERNAL USE ONLY** |
| DATE SURVEY WAS TAKEN |
| DATE SURVEY CAN BE DESTROYED |
| The Community Services Division within the Department of Social and Health Services has developed a survey to gather customer feedback. By participating, you will help us learn about how we can improve your experience with the department. This survey is voluntary and anonymous, and will not affect your eligibility for benefits. This survey will take about three minutes to complete.1. How did you connect with us?[ ]  Alternate DSHS Service Site (Tribal office, medical clinic, etc.) [ ]  Mobile Community Services Office[ ]  Call Center [ ]  Worker Home Visit[ ]  DSHS Office (CSO) [ ]  Worker Phone Call
2. How would you prefer to have contact with us? Select all that apply. **Note:**  Not all options are currently available.[ ]  Alternate DSHS Service Site (Tribal office, medical clinic, etc.) [ ]  Mobile Phone App[ ]  Call Center [ ]  Online Chat[ ]  DSHS Local Office (CSO) [ ]  Text Messaging[ ]  Mobile Community Services Office [ ]  Worker Home Visit
3. Please choose how strongly you agree or disagree with the following statements.

 Strongly Strongly Agree Agree Neutral Disagree DisagreeBusiness hours are good for me. [ ]  [ ]  [ ]  [ ]  [ ] My worker tried to find community resources for me. [ ]  [ ]  [ ]  [ ]  [ ] My worker found resources for me. [ ]  [ ]  [ ]  [ ]  [ ] I was listened to, heard and understood. [ ]  [ ]  [ ]  [ ]  [ ] I was treated with courtesy and respect. [ ]  [ ]  [ ]  [ ]  [ ] My worker did their best to meet my needs. [ ]  [ ]  [ ]  [ ]  [ ] Overall, I had a positive experience. [ ]  [ ]  [ ]  [ ]  [ ] 1. **Compliments and Concerns.**  Please let us know what we are doing right and how we can improve.

 **If you have a specific concern about your case, please call Constituent Relations at 800-865-7801.**       |