

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 phone 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, put both copies in the box provided. Thank you for your help.

Today's Date	Name – County / Tribal Agency You Visited Today
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1. Overall, I am satisfied with the services I have received in the office today. (Check one.)

- Strongly agree Agree Disagree Strongly disagree N/A

2. I understood when the staff told me about programs and services I could get. (Check one.)

- Strongly agree Agree Disagree Strongly disagree N/A

3. What was the main reason for your visit today?

4. The staff told me about: (Check all that apply.)

- FoodShare Medicaid/Badger Care Plus Other

5. The staff treated me fairly and with respect. (Check one.)

- Strongly agree Agree Disagree Strongly disagree N/A

6. The staff was helpful. (Check one.)

- Strongly agree Agree Disagree Strongly disagree N/A

7. I understood when the staff told me what I needed to do to get and keep benefits. (Check one.)

- Strongly agree Agree Disagree Strongly disagree N/A

8. I am able to get to the office during the hours it is open. (Check one.)

- Strongly agree Agree Disagree Strongly disagree N/A

9. The way I MOST like to contact the office when I need help or have a question is: (Check one.)

- In person By phone By mail By email

10. Check all that apply.

- | | |
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| <input type="checkbox"/> Information needed was not provided. | <input type="checkbox"/> I received the help that was needed. |
| <input type="checkbox"/> Service was slow/there was a long wait time. | <input type="checkbox"/> Service was provided in a timely manner. |
| <input type="checkbox"/> Staff was rude. | <input type="checkbox"/> Staff was helpful/professional. |
| <input type="checkbox"/> My special needs were not accommodated. | <input type="checkbox"/> My special needs were accommodated. |
| <input type="checkbox"/> My overall experience was unpleasant. | <input type="checkbox"/> My overall experience was pleasant. |

11. Have you been restricted in the manner in which you make contact with the agency?

- No Yes

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