



PARTICIPANT SURVEY AND FEEDBACK

It is the goal of all KCR programs and staff to provide the best services possible for our clients. We ask that you take a few minutes to let us know how we are doing. Your voluntary feedback will be used to continually improve the quality of our services. Thank you for taking the time!

GENERAL INFORMATION:

What service(s) did you access at KCR?

Request for General Information only

Explain Service _____

TELL US ABOUT YOURSELF:

Participant or Family

Public

Service Provider

Community Agency/Business

UPON ENTERING THE OFFICE, YOU WERE GREETED PROMPTLY AND COURTEOUSLY.

Strongly Agree

Agree

Disagree

Strongly Disagree

SERVICE FEEDBACK:

How would you rate the staff at Kelowna Community Resources?

Friendly and helpful

Average

Poor Service

Were the services appropriate for your needs? Or did you receive appropriate community information matching your request?

Yes, definitely

Yes, somewhat

No

How would you rate our service overall?

Extremely Satisfied

Satisfied

Unsatisfied

ADDITIONAL COMMENTS:

Sign: Witness

Print: Witness

____/____/____
Day / Month / Year