



## Customer Satisfaction Survey

The Illinois Department of Human Services endeavors to provide the best customer service possible. Please mark below the answers that best describe the service you received during your most recent visit to a DHS office or facility. Your response will remain confidential. Your comments will help us serve you better.



Office/Facility Address: \_\_\_\_\_

1. Overall, how satisfied were you with the quality of the services that you received?

- Very satisfied
- Satisfied
- Somewhat satisfied
- Dissatisfied
- Very Dissatisfied

2. After you were check-in/registered, rate how satisfied you were with the time it took for you to be seen/served.

- Very satisfied
- Satisfied
- Somewhat satisfied
- Dissatisfied
- Very Dissatisfied

3. How satisfied were you with how DHS responded to your immediate needs?

- Very satisfied
- Satisfied
- Somewhat satisfied
- Dissatisfied
- Very Dissatisfied

4. If DHS was unable to meet your needs, were additional resources or referrals provided to help you?

- Yes
- No-If you answered "No", please explain in item #10.

5. Was the information provided useful or helpful to you?

- Yes
- No-If you answered "No", please explain in item #10.



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6. Were you treated with dignity, courtesy and respect during your recent visit/stay?

- Yes  
 No-If you answered "No", please explain in item #10.

7. If you are a person with a disability or accompanied by a person with a disability, was the office/facility accessible?

- Yes  
 No-If you answered "No", please explain in item #10.  
 NA

8. If applicable, did DHS provide interpreter services?

- Yes  
 No-If you answered "No", please explain in item #10.  
 NA

9. If an interpreter was provided, were you satisfied with the overall services?

- Yes  
 No-If you answered "No", please explain in item #10.  
 NA

10. Please share any comments, concerns and suggestions that you may have.