

**HAWAII DISABILITY RIGHTS CENTER
SATISFACTION SURVEY**

Tell us how we did !

Our goal was to help you to solve your problem to your satisfaction. We hope we were successful. If we were not able to assist you with your problem, or if you were not satisfied with our service, please tell us what we could have done differently.

Please take a few minutes to complete and return this survey to us.

APPLICANT OR CLIENT	REPRESENTATIVE
Name	Name
Telephone	Telephone
Street Address	Street Address
City/State/Zip code	City/State/Zip code

- | | | |
|---|------------|-----------|
| 1. Was the HDRC staff person who assisted you courteous?
<i>Please explain:</i> | YES | NO |
| 2. Did we serve you promptly? <i>Please explain:</i> | YES | NO |
| 3. Did we give you any useful information or refer you to other helpful agencies? <i>Please explain:</i> | YES | NO |

4. If we were not able to help you with your problem, do you understand why? **YES** **NO**
Please explain:

5. If you had an assigned advocate or attorney, were you satisfied with the way your problem was handled? **YES** **NO**

Please explain:

6. Was your problem solved, did your situation improve, or were you satisfied with the outcome? **YES** **NO**
Please explain:

7. Will you contact us again if you need assistance or information? **YES** **NO**

Thank you for taking the time to complete this survey.

Please use the enclosed envelope to return to:

HAWAII DISABILITY RIGHTS CENTER

1132 Bishop Street, Suite 2102, Honolulu, Hawaii 96813