Maple Ridge/Pitt Meadows
Community Services

## CONTINUOUS QUALITY IMPROVEMENT

### Stakeholder Feedback Survey

To assist us and our agency to continually provide quality services, please give us your thoughts to the following questions and return the completed form to us. Thank you.

Please return completed surveys using one of the following methods:

Mail: Attention: Director of Administration and Services
11907 – 228th Street
Maple Ridge, BC V2X 8G8

Fax: 604.463.2988

Email: jleginus@comservice.bc.ca

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### Stakeholder Feedback Survey

1. Are you familiar with our organization? Yes ☐ No ☐

2. Have you someone you have known used our service? Yes ☐ No ☐

3. If you or someone you know has used our services, how would you rate the satisfaction level for the following:

| | | | | |
|---|---|---|---|---|
| a. Overall satisfaction | poor ☐ | adequate ☐ | good ☐ | excellent ☐ |
| b. Timely response | poor ☐ | adequate ☐ | good ☐ | excellent ☐ |
| c. Friendly staff | poor ☐ | adequate ☐ | good ☐ | excellent ☐ |
| d. Clean facility | poor ☐ | adequate ☐ | good ☐ | excellent ☐ |
| e. Treated with respect | poor ☐ | adequate ☐ | good ☐ | excellent ☐ |

4. Was it easy for yourself or someone you now to contact us? Yes ☐ No ☐

5. Please list what language(s) you would like to receive our program information

   _____

   _____

6. Would you like to receive more information about our services? Yes ☐ No ☐

   If yes, please provide your name, phone number or email address below:

   _____

   _____