

Missouri Ozarks Community Action
Customer Satisfaction Survey

As a recent customer of our agency; please share your feedback with us. Your comments and suggestions will be used to improve our services to better meet your needs.

Please place an "X" next to all services that you are applying for or have received through MOCA:

<input type="checkbox"/>	Head Start	<input type="checkbox"/>	Community Gardens
<input type="checkbox"/>	Educational Supports/Training	<input type="checkbox"/>	GED/HiSET Supports
<input type="checkbox"/>	Energy Assistance	<input type="checkbox"/>	Life Skills Classes
<input type="checkbox"/>	Weatherization	<input type="checkbox"/>	Auto Repair Program
<input type="checkbox"/>	Home Energy Audit	<input type="checkbox"/>	Health & Wellness Services
<input type="checkbox"/>	Utility Assistance/ Section 8 Housing	<input type="checkbox"/>	Family Development/Case Management
<input type="checkbox"/>	Housing/Rental Assistance	<input type="checkbox"/>	Other _____
<input checked="" type="checkbox"/>	Referral for Services		

Who was your MOCA Services Provider? _____

Please answer the following questions in regards to your experience with our agency:

	Yes	No	Not Applicable
Agency staff were polite and respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff explained all paperwork to me and answered my questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff gave me information on programs/services outside of the agency, including contact information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If staff were unable to meet my needs, the reasons were clearly explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have had positive impact from MOCA services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In what County do you reside?

<input type="checkbox"/>	Camden	<input type="checkbox"/>	Maries
<input type="checkbox"/>	Crawford	<input type="checkbox"/>	Miller
<input type="checkbox"/>	Gasconade	<input type="checkbox"/>	Phelps
<input type="checkbox"/>	Laclede	<input type="checkbox"/>	Pulaski

Please return this survey to the MOCA office
Missouri Ozarks Community Action
306 South Pine - PO Box 69
Richland MO 65556

If you have any questions or concerns, please contact Missouri Ozarks Community Action at 573-765-3263.

This agency is an equal opportunity employer and provider.

(if additional space is required please use back of survey)

Additional comments, if any:

Name: _____

Phone Number: _____

