

This document provides tips and suggestions for implementing a customer satisfaction system in a community action agency. To achieve this end, it provides real-world examples of customer feedback processes and procedures ranging from simple paper/postcard or scantron surveys to more elaborate on-line or telephone survey approaches. All examples are based on sound and proven customer surveying approaches and methods based on the *American Customer Satisfaction Index* model (www.theacsi.org/about-acsi/the-science-of-customer-satisfaction) – a national methodology widely used in private industry sectors as well as by local, state and federal entities. Currently the Office of Community Services (OCS), U.S. Department of Health and Human Services uses this model to survey state offices administering CSBG grants.

With the adoption and implementation of the CSBG Organizational Standards in 2017, a systematic approach for collecting, analyzing and reporting customer satisfaction data to the agency governing (tripartite/advisory) board is now required (**Organizational Standard 1.3**) of all Community Action Agencies.

Organizations that choose to focus on achieving customer driven excellence often have the following attributes:

- Customer-focused vision and mission statements
- Continuous improvement organizational culture – a listening and learning environment
- A focus on the total customer experience from first contact to end results
- Customer service standards, staff training and accountability at every level of the organization

Tips for designing a customer satisfaction, feedback and improvement system in your agency:

- Involves the agency Board, and adopt a written (formal), agency-wide customer service policy that covers all programs and services administered by the agency;
- Adopts policies and procedures that address both External Customers (clients, partners, stakeholders, funders etc.) and Internal Customers (staff, Board members and volunteers).
- Ensures the policy lays out clear procedures (often via a procedures guide) and provisions for required customer service training on engaging the client as a customer;
- Ensures the policy lays out procedures for data collection, analysis, reporting and how the data will be used for agency improvement over time;
- Recognizes that customer satisfaction feedback is time sensitive – collecting actionable customer data (satisfaction) and making corresponding improvements is the purpose of the system. This is different from the community needs assessment requirements in **Organizational Standard 1.2**.
- Ensures customer satisfaction data is aggregated systematically, tracked over time, and reported systematically to the staff, Board, and community.
- Presents agency customer satisfaction results (measures/metrics data) in an agency-wide performance scorecard and as part of an agency annual report.

Attachments – Customer Feedback Instruments

The following customer satisfaction survey instruments are provided to demonstrate the variety of approaches utilized by individual CAAs nationwide. They do not include the overall agency policy that guides the process for administering the survey or compiling results. The comprehensive policy for administering the survey, collecting and analyzing the data, and reporting/tracking it over time must come first.

All of these instruments follow the basic concepts of the ACSI model and approach. Their intent is for identifying an overall satisfaction level plus collecting additional customer data on contributing factors or indicators of dissatisfaction. All instruments are utilized on-line using third-party survey vendors such as *Survey Monkey* or similar data collections services that may be available to an agency. No particular vendor is endorsed or recommended.

Customer Satisfaction Survey – Online Version

Dear _____ Community Action Customer:

Thank you for coming to _____ Community Action for your needs. _____ Community Action values its customers and is committed to providing quality services. Please take a moment to tell us about your experience with our staff and our programs.

1, What type of services did you seek today?	<input type="radio"/> Emergency Services <input type="radio"/> Weatherization <input type="radio"/> Transportation <input checked="" type="radio"/> Emergency Food Assistance <input type="radio"/> Other				
2. Agency Staff was polite and respectful?	<input type="radio"/> Strongly Agree	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Strongly Disagree	<input type="radio"/> N/A
3. Facility was clean and accessible?	<input type="radio"/> Strongly Agree	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Strongly Disagree	<input type="radio"/> N/A
4. Staff listened and responded to my concerns?	<input type="radio"/> Strongly Agree	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Strongly Disagree	<input type="radio"/> N/A
5. Staff provided information about additional programs that might be helpful to me?	<input type="radio"/> Strongly Agree	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Strongly Disagree	<input type="radio"/> N/A
6. My needs were met?	<input type="radio"/> Strongly Agree	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Strongly Disagree	<input type="radio"/> N/A
7. I would recommend the agency/program to others?	<input type="radio"/> Strongly Agree	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Strongly Disagree	<input type="radio"/> N/A
8. Additional Comments	<div style="border: 1px solid gray; height: 100px; width: 100%;"></div>				

Customer Satisfaction – Online Survey Instrument

Please take a moment to tell us about your experience with our staff and our programs.

1. When I entered the building, I felt welcome

- Yes
- No

2. The facilities were clean.

- Yes
- No

3. I was helped in a timely manner

- Yes
- No

4. I was treated with respect

- Yes
- No

5. My needs were met.

- Yes
- No

6. I was informed about other agency specific community services.

- Yes
- No

7. I would recommend this agency and its services to friends and family

- Yes
- No

8. I would be willing to participate in a discussion group to help this agency continue to improve.

- Yes
- No

Contact Information

9. Comments/ How can we better serve you?

*** 10. From what area did you receive your service today?**

- Head Start/Early Head Start
 - Ohio Means Jobs
 - Housing
 - Emergency Services (HEAP)
 - Financial Education/Housing Counseling Services
 - Senior Nutrition
 - Family Health Services (WIC)
-

Source: Highland County CAP, Hillsborough, Ohio

Customer Satisfaction – Telephone Survey Instrument

*This format may be adapted to an on-line/internet survey using a third-party telephone survey vendor.
Results are compiled by the third part and submitted to the agency for review and approval.*

Hello, my name is (interviewer name) and I am with (third party entity) conducting a survey for (name of CAA) to determine your level of satisfaction/dissatisfaction with the services and this agency/contractor.

I would like to ask you some questions about the (**Name of the Program**) and the (Agency/Contractor as applicable). We want to know your perception and feedback about your experience and the services you used. We value your feedback so we can improve what we do.

First I am going to describe different parts of the program and ask how satisfied you were with them. We will use a scale of “1” to “10” where “1” means “**very dissatisfied**” with the statement and “10” means “**very satisfied**.” (Use DK for Don’t Know or No Opinion)

Again, on a scale of 1-10, how satisfied/dissatisfied were you with:

Q1. The program/agency facilities, including cleanliness, access, or availability.

Very Dissatisfied										Very Satisfied	DK	NA
1	2	3	4	5	6	7	8	9	10	11		

Q2. How you were treated. Staff treated you with respect?

Very Dissatisfied										Very Satisfied	DK	NA
1	2	3	4	5	6	7	8	9	10	11		

Q3. The promptness of the program staff in responding to your needs.

Very Dissatisfied										Very Satisfied	DK	NA
1	2	3	4	5	6	7	8	9	10	11		

Q4. The program staff’s level of competence and knowledge.

Very Dissatisfied										Very Satisfied	DK	NA
1	2	3	4	5	6	7	8	9	10	11		

Satisfaction with Specific Programs or Services Received

Now I want to ask you about your satisfaction with specific services you received while in the program (if services were received).

If you received a service or participated in a program, and using a 1-10 scale where “1” means “Very Dissatisfied” and “10” means “Very Satisfied”, how satisfied were you with:

Q5. The Counseling, Case Management, or Referrals (act) you received from the program/agency.

Very Dissatisfied										Very Satisfied	DK	NA
1	2	3	4	5	6	7	8	9	10	11		

Overall Agency/Program/Service Satisfaction

Now, I want to ask you about your **Overall Satisfaction** with specific services you received. First, please consider all of your experience to date with the program or service.

Q6. Overall, how satisfied/dissatisfied are you with the program or service you received.

Very Dissatisfied										Very Satisfied	DK	NA
1	2	3	4	5	6	7	8	9	10	11		

Q7. How likely is it that you would recommend the program or service to a family member or friend? Here “1” means “Not Very Likely” and “10” means “Very Likely.”

Not Very Likely										Very Likely	DK	NA
1	2	3	4	5	6	7	8	9	10	11		

Q8. Overall, how much did the program or service provided help you.

Very Little										Very Much	DK	NA
1	2	3	4	5	6	7	8	9	10	11		

Do you have any other comments to make about the program, service, contractor or agency involved in the service provided? All information in this survey is treated confidentially and no individual information will be divulged. However, if you would like to be contacted, please leave your name and contact information.

Thank You For Your Time in Answering These Questions

Customer Satisfaction -- Online Survey Instrument

Which program area or staff did you visit or talk with? (Optional)

I received the services I came for: *

Strongly Disagree Disagree Neutral Agree Strongly Agree

If we could not provide the service you needed, the person assisting helped to find services elsewhere. *

Strongly Disagree Disagree Neutral Agree Strongly Agree

The service I received was helpful to me. *

Strongly Disagree Disagree Neutral Agree Strongly Agree

The person that assisted me was knowledgeable. *

Strongly Disagree Disagree Neutral Agree Strongly Agree

I was informed of other services offered by Chelan-Douglas Community Action Council. *

Strongly Agree Agree Neutral Disagree Strongly Disagree

I was treated with respect during this visit. *

Strongly Agree Agree Neutral Disagree Strongly Disagree

How likely are you to recommend this service to someone you know? *

Not at all likely Slightly likely Moderately likely Very likely Extremely likely

On a scale of 1 to 10, how would you rate your overall experience with Chelan-Douglas Community Action Council? *

1 Unacceptable 2 3 4 5 6 7 8 9 10 Excellent

In the past, have you visited any of the following Chelan-Douglas Community Action Council programs?

Energy Assistance Program Weatherization Housing Asset Building Literacy Council RSVP Intermountain AmeriCorps North Central Washington Food Distribution Center Green Bags Other

If you selected "Other" for the previous question please share which program/service below:

Please feel free to leave any additional comments or suggestions.

Source: Cheland/Douglass CAA, Wenatchee, Washington

Customer Survey – Online Survey Instrument

Please answer the following questions:

- From which department or division or program in our agency did you seek services?
- How would you rate your customer service experience?*

 - Extremely satisfied
 - Somewhat satisfied
 - Neutral
 - Somewhat dissatisfied
 - Extremely dissatisfied

- How likely is it that you would recommend us to another person?*

 - Very likely
 - Somewhat likely
 - Neutral
 - Somewhat unlikely
 - Very unlikely

- How do we rate on professionalism?*

 - Well Above Average
 - Above Average
 - Average
 - Below Average
 - Well Below Average

- How do we rate on quality of services provided?*

 - Well Above Average
 - Above Average
 - Average
 - Below Average
 - Well Below Average

- How do we rate on understanding customers' needs?*

 - Well Above Average
 - Above Average
 - Average
 - Below Average
 - Well Below Average

- Customer Suggestions (Use comment/Text Box Online)

Source: Mohawk Valley CAA, Utica, NY