

SATISFACTION SURVEY

You recently contacted the Disability Rights Montana for assistance. Please take a few moments and fill out this survey so that we can determine the quality of our services. If you would like this survey in an alternative format, please contact us.

1. Were you satisfied with the services you received?

Very Satisfied Satisfied Not Satisfied

2. Would you call Disability Rights Montana again for help or assistance?

Yes No

3. Would you tell a friend to call Disability Rights Montana for help? Yes No

4. Any suggestions on how Disability Rights Montana can improve its services or provide better help to people with disabilities?

If you have any questions, please contact me. Thank you for completing this survey.

Bernadette Franks-Ongoy
Executive Director

Please return the survey in the enclosed self-addressed stamped envelope.

For office use only

CI# _____ D/S _____

SR# _____ D/R _____

S:\Forms\Satisfaction Survey - Rev Feb 2018.wpd