

COMMUNITY ACTION PROGRAM OF EVANSVILLE & VANDERBURGH COUNTY, INC.  
**CAPE**

**Customer Satisfaction Survey**

Today's date: \_\_\_\_\_ 20 \_\_\_\_

What program did you visit today? \_\_\_\_\_

Is this your first visit to CAPE? (Circle one)

First visit                      I have been here 1-3 times                      I have been here more than 3 times

How was the quality of service you received today? (Circle one)

Excellent                      Very good                      Good                      Fair                      Poor

Did you receive the assistance you came in for? (Circle one)

Yes                      Not yet; I need to bring in Additional information                      No, I did not qualify for this assistance                      Did not qualify, given other resources

Would you recommend our agency to others? (Circle one)

Yes                      Possibly                      No

Would you return to CAPE if you required assistance in the future? (Circle one)

Yes                      Undecided                      No

Was there a staff person that was especially helpful to you?

Staff name \_\_\_\_\_ which program? \_\_\_\_\_

What other services do you need that CAPE does not currently provide?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you. Your input assists us in providing quality services to our customers.  
Please return this form to the Front Desk Receptionist when you sign out.