

## Chicago Hearing Society Customer Feedback Form

*Chicago Hearing Society continuously strives to improve its services. Your feedback provides valuable information for that effort.*

<b>Please rate the following:</b>	<b>Low</b>					<b>High</b>
1. Timeliness of CHS staff in serving your needs	1	2	3	4	5	
2. Ease of scheduling interpreter(s)	1	2	3	4	5	
3. Timeliness of CHS interpreter(s) arrival	1	2	3	4	5	
4. CHS staff responsiveness to your inquiries and requests	1	2	3	4	5	
5. Professionalism of CHS staff	1	2	3	4	5	
6. Professionalism of CHS interpreter(s)	1	2	3	4	5	
7. Smooth and natural flow of communication	1	2	3	4	5	
8. Efficiency of interpreter services billing	1	2	3	4	5	
9. Overall satisfaction	1	2	3	4	5	
10. How do you usually contact our office? ( ) Phone/TTY ( ) Fax ( ) E-mail						
11. How can CHS better serve you?						
12. Any other comments:						

**THANK YOU!**

Name (optional): \_\_\_\_\_ Phone: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Would you like CHS to contact you regarding your feedback? [ ] Yes [ ] No

*Return completed form to: CHS Director, 2001 N. Clybourn Avenue, Chicago, IL 60614. Or fax form to 773-248-9176.*