PHILLYCAM MEMBER SATISFACTION SURVEY

	DATE:/				
1.	Overall, how satisfied or dissatisfied are you with our services?	3.	How would you rate the quaity of our equipment and facilities?		
	O Very satisfied		○ Excellent		
	○ Somewhat satisfied		O Above Average		
	O Neither satisfied nor dissatisfied		○ Average		
	O Somewhat dissatisfied		O Below average		
	O Very dissatisfied		O Poor		
Please tell us why you are not fully satisfied with our service(s)? Use the space below to explain.		Please tell us which equipments or facilities are below average? Do you have a recommendation?			
2.	Overall, how satisfied or dissatisfied				
	are you with our staff?				
	O Very satisfied				
	Somewhat satisfied	4.	How responsive have we been to your questions and concerns about our services?		
	O Neither satisfied nor dissatisfied				
	○ Somewhat dissatisfied				
	O Very dissatisfied		Extremely responsive		
			O Very responsive		
If you are not fully satisfied with our staff			Moderately responsive		
please use the space below to explain?			O Not so responsive		
			O Not at all responsive		
			O Not applicable		

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5.	How responsive have we been to your questions and concerns about our staff?	6.	How responsive have we been to your questions and concerns about access to our equipment or facilities?
	Extremely responsive		 Extremely responsive
	O Very responsive		O Very responsive
	Moderately responsive		Moderately responsive
	O Not so responsive		O Not so responsive
	O Not at all responsive		O Not at all responsive
	O Not applicable		O Not applicable
		7.	How long have you been a member of PhillyCAM?
			O Less than six months
			○ Six months to a year
			○ 1-2 years
			○ 3 or more years
То	ou homit this form on one would way on drow i	:+ off :-	the Feedback Dov
	submit this form anonymously, you can drop i		
	mail it to PhillyCAM ATTN: Gretjen Clausing,	Execu	tive Director.
699	illyCAM 9 Ranstead Street iladelphia, PA 19106		
Otł	nerwise feel free to email it directly to : gretjen	n@phil	lycam.org.
	ou would like us to contact you and speak wit out the information below and let us know yo		
You	ur Name:		
Pho	one:		Preferred method
Em	aail:		Preferred method