



Consumer Questionnaire

Please return to: COA, 120 Wall Street, 11th Fl., New York, NY

Organisation ID#

Date:
m m / d d / y y

Organisation Name:

City: Province:

Instructions: Please answer each question by marking the circle under or next to your response. Use only a black or blue pen.

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	NOT SURE/ NOT APPLICABLE
1. I was given written information about my rights and responsibilities as a consumer/client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The people who work at the organisation treat me with respect and courtesy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The staff is respectful of my confidentiality and privacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I know where to go at the organisation or whom to speak to if I have a complaint.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The organisation asks me about my ideas on how to improve its services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The organisation is easy for me to get to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The organisation's services are available at times that are good for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The organisation's building and offices are clean.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I feel safe while at the organisation and on its property.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I help plan my services and set my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I was able to receive services from the organisation without too much waiting time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I would recommend the organisation to my family and friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. If I needed help or services again I would come back to the organisation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Overall, I am satisfied with the services that I am receiving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Please use the space below to make additional comments about the organisation and the services it provides.

Please tell us:

16. Your age: Under 10 11-18 19-29 30-40 41-51 52-62 63 or older

Q17. Your gender: Male Female Transgender

18. The address (only the street number and street name) where you receive/received services:

Thank you for taking time to complete the survey.

I would like to speak with a member of the Council on Accreditation (COA) peer review team at the time of the site visit. However, I understand that they may not contact me if evidence presented during the site visit does not require additional input.

Name: _____ Phone: _____ Ext: _____

E-mail address: _____ Best time to call: _____