Migration and Refugee Services
Remote Placement
3211 4th Street NE, Washington, D.C. 20017-1194
Tel: (202) 541-3396

Accountability to Affected Populations

USCCB/MRS Community Partner Client Satisfaction Survey

All responses to this survey are confidential and will be kept anonymous. The information provided will be used to improve our services.

1. **Did the staff respond to your needs in a timely manner?**

☹1 2 3 4 5☺

2. **Were you treated with courtesy and respect?**

☹1 2 3 4 5☺

3. **Were you able to speak with staff in a language you understood?**

☹1 2 3 4 5☺

4. **Did you feel safe in the agency environment?**

☹1 2 3 4 5☺

5. **Was your situation improved because of our service?**

☹1 2 3 4 5☺

6. **Do you think the agency is open to listening to and using your feedback?**

☹1 2 3 4 5☺

7. **Do you know how to file a complaint with the agency?**

☹1 2 3 4 5☺

8. **How would you rate the quality of service and/or information you received?**

☹1 2 3 4 5☺

9. **What did you like about the service and/or information you received?**

☹1 2 3 4 5☺

10. **Do you have anything else you would like to tell us? Either write a comment or call. You do not have to identify yourself.**

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Client Demographic Information (Optional)				
Gender	Male	Female	LGBTI	
Age group	Under 18	18-64	65 and over	
Mother Language (s)				
Who received services?	Self ____	Child ____	Family ____	Other ____