

## **Client Satisfaction Survey**

Please take a moment to fill out and return this survey so that UCAN may better serve your needs in the future.

Name (optional):							
1.	How would you rate the level of politeness of the UCAN client advocate?						
	☐ Excellen	t 🗆	Above Average		Average	Below Average	Poor
2.	How would y	ou rate t	he level of helpful	ness	of the UCAN c	elient advocate?	
3.			8		O	<b>Below Average</b> Control of the information of the i	
	☐ Excellen	t 🗆	Above Average		Average	Below Average	Poor
4.	If you contacted UCAN by email or had to leave a voicemail message, how would your rate our response time?						
	☐ Excellen	t 🗆	Above Average		Average	Below Average	Poor
5.	How would you rate the over all service provided to you by UCAN?						
	☐ Excellen	t 🗆	Above Average		Average	Below Average	Poor
Thank you for your time. Any additional comments are welcome:							
			to LICANI at violen				

Please return this survey to UCAN at your earliest convenience:

1061 Main St., Banco Park #6 N. Huntingdon, PA 15642 Fax #: 1-877-895-7577

Fax #: 1-8//-895-/5// Email: info@ucan.net