I communicate with the Client Advocate by:

- ☐ Talking
- ☐ Sign Language
- ☐ Close-Vision Signing
- ☐ Tactile Signing
- ☐ Interpreter
- ☐ Writing
- ☐ Other

I am:

- ☐ Deaf
- ☐ Hard of Hearing
- ☐ Deaf-Blind
- ☐ Late-Deafened
- ☐ Hearing

My zip code: _____

My name is (optional): _____

Thank you for taking the time to complete this survey.

This is a **confidential survey**.
ODHH will use information you shared in the survey to improve Center services. ODHH will not share your information with anyone else.

Please mail the survey back to us in the envelope provided.

You won't need a stamp!

Do you:
Have questions about the survey?
Want more program information?

Contact ODHH at:

(800) 422-7930 (Voice/TTY)
(360) 902-8000 (V/TTY)
VP: (360) 339-7382
Email: odhh@dshs.wa.gov
Website: http://odhh.dshs.wa.gov

Washington State Department of Social & Health Services
DSHS 22-1290 (Rev. 3/14)

ODHH
Office of the Deaf and Hard of Hearing

Regional Service Center **Customer Satisfaction Survey**

Are you satisfied?

Please tell us about your visit ...

Which Center ...

You just received services from one of the Regional Service Centers.

What Regional Service Center did you go to?

- ☐ HSDC - North Sound (Bellingham)
- ☐ HSDC - Seattle
- ☐ HSDC - South Sound (Tacoma)
- ☐ HLC - Nexus (Spokane)
- ☐ SEWSCDHH (Pasco)
- ☐ SEWSCDHH (Yakima)
- ☐ SWCDHH (Vancouver)
- ☐ DBSC - Seattle

At the Center ...

	Yes		Somewhat		No	No Comment
I understood the Client Advocate	☐	☐	☐	☐	☐	☐
The Client Advocate understood me	☐	☐	☐	☐	☐	☐
The Client Advocate helped me	☐	☐	☐	☐	☐	☐
The Client Advocate worked with me to make my decisions	☐	☐	☐	☐	☐	☐
It was easy to get to the Center	☐	☐	☐	☐	☐	☐
I can contact the Center with no problem by phone, email, or in person	☐	☐	☐	☐	☐	☐
I am happy with the Center's services	☐	☐	☐	☐	☐	☐

Your comments ...

What do you like best about the Regional Service Center?

What can the Center do to make the service better?