

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>

ODHH

Office of the Deaf and Hard of Hearing



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Regional Service Center
Customer Satisfaction Survey

Are you satisfied?

Please tell us about your visit ...



DSHS 22-1290 (Rev. 3/14)

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	<input type="checkbox"/>				
The Client Advocate understood me	<input type="checkbox"/>				
The Client Advocate helped me	<input type="checkbox"/>				
The Client Advocate worked with me to make my decisions	<input type="checkbox"/>				
It was easy to get to the Center	<input type="checkbox"/>				
I can contact the Center with no problem by phone, email, or in person	<input type="checkbox"/>				
I am happy with the Center's services	<input type="checkbox"/>				

Your comments ...

What do you like best about the Regional Service Center?

What can the Center do to make the service better?
