



CONSUMER SATISFACTION SURVEY

Please answer all questions that apply to you. This information will help us to serve you better in the future. The information you give is confidential.

1. How would you rate your first contact with AIM? [] Poor [] Good [] Very Good [] Excellent
2. How did you learn about AIM? _____
3. Did AIM return your telephone calls in a timely manner? (within 3 days) Yes No
4. Did you receive the information and/or the services you requested? Yes No
5. Which service did you request? _____
6. Was the staff courteous? Yes No
7. Was the information / service you received helpful to you? Yes No
8. Were you informed of other services offered at AIM? Yes No
9. Were you involved in the decision making process? Yes No
10. Would you recommend AIM's services to a friend or relative? Yes No
11. Has your life changed since coming to AIM? Yes No
12. Would you like to share with us how it changed? Yes No

Additional comments: _____

Name (optional)

Date