



DC Transitional Services Inc.  
Crisis Intervention & Referrals

## Client Satisfaction Survey

Our client satisfaction is very important to us! Please complete the Client Satisfaction Survey and return this to:  
via

**Mail:** DC Transitional Services, P.O. Box 632, Thomasville, NC 27361

**Email:** [dctransitionalservices@dctsinc.org](mailto:dctransitionalservices@dctsinc.org)

**Event Name:**

**Date:** \_\_\_\_\_

**Please Circle Yes or No, or appropriate response for the following questions:**

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Yes or No    Were the qualifications and requirements of the program or services communicated  
clearly?

If no, please briefly explain:

1) Yes or No    Did the service provided meet or exceed your expectations?

If no, please briefly explain:

2) Yes or No    Did the DCTS staff, volunteers, facilitators meet your expectations?

If no, please briefly explain:

3) Yes or No    Would you recommend this program or Agency to others?

If no, please tell us why:

5.) Yes or No    Do you have any topic suggestions for group Empowerment sessions:

6.) Yes or No    Does DCTS have your permission to share your comments with our staff, board, partners and funders?

