



# INDIVIDUAL CUSTOMER EVALUATION



This form may be completed by the referring Organization or Client

We thank you for allowing Sharia's Closet to assist you with your clothing need!. Because we value your thoughts and opinions, please take a few moments to fill out this brief evaluation so that we may better serve you in the future. You may return your Individual Customer Evaluation via **E-mail: shariascloset@shariascloset.org**, **Fax: 619-550-0688**, U.S. Postal Mail **Address: 7210 Lisbon St., San Diego, CA 92114** or hand delivered to the referring organization and they will forward your evaluation form to us!

## We want to hear from you!

This referral was for:  Child  Youth  Adult

Date: \_\_\_\_\_ Referring Organization: \_\_\_\_\_ Referred by: \_\_\_\_\_

Parent /Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

1. Were you satisfied with the length of time it took between requesting and receiving services:  YES  NO
2. Was Sharia's Closet able to meet your needs?  YES  NO Comments: \_\_\_\_\_
3. Is there anything you needed but did not receive? \_\_\_\_\_
4. What suggestions do you have for improving our services? \_\_\_\_\_
5. Was there anything other clothing items that you were hoping to receive? \_\_\_\_\_
6. Describe your overall experience with Sharias Closet, (SC): \_\_\_\_\_

7. **Are you willing to share your Sharia's Closet experience? (Referring Organization or Client)**

8. How did you hear about us? \_\_\_\_\_

- I'm willing to share a photo of myself and/or my family
- I'm willing to share my SC story on video, in writing
- Other: \_\_\_\_\_

*\* Release for minor children (Under the age of 18).*

Child's name: \_\_\_\_\_ Parent/Guardian name: \_\_\_\_\_ Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Thank you, for your valuable feedback! I certify that the information on this form is true and I give permission to Sharia's Closet, (SC) to use my name, photographs and story in any promotions at their discretion. I also permit Sharia's Closet to contact me if needed. If I am under the age of 18, I certify that I have obtained my parent's permission to submit my photographs, and or story. SC will not sell or share your information with any other agency. **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** 7210 Lisbon St. San Diego, CA 92114 **E-mail:** [shariascloset@shariascloset.org](mailto:shariascloset@shariascloset.org) **Phone:** 619-808-4979 **Fax:** 619-550-0688