## CLIENT/REFERRING ORGANIZATION Satisfaction Survey



This survey may be completed by the Client or Referring Organization.

We thank you for allowing Sharia's Closet to assist with your clothing needs! The purpose of this very brief survey is to help us understand where we are exceeding your expectations, or need to improve. Our goal is to be proactive in monitoring your satisfaction, please provide a detailed description of your overall experience with Sharia's Closet so that we can: 1. Improve Customer Service 2. Incorporate your feedback into our strategy for continuous improvements. 3. Increase Retention/Referrals 4. Measure Customer Impact 5. Measure Customer Satisfaction. Thank you!

Once completed please return this Survey to:**Sharia's Closet (SC)**: **E-mail:** shariascloset@shariascloset.org, **Fax:** 619-550-0688, **U.S. Postal Mail** Address: 7210 Lisbon St., San Diego, CA 92114 or hand deliver to the referring organization and they will forward your completed survey to us!

## We want to hear from you!

Date: / /		This referral was for a: $\Box$ Child $\Box$ Youth $\Box$ Adult
Referring Organization:	Referred by:	Phone:
Name of Client:	Parent /Guardian:	Phone:
Address:		
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2. Is this the first time you hav	e used our service? Tes No (If Yes,) how many	times in the past year?
3. Was SC able to meet your	clothing needs? Yes No (If No,) Why not? _	
4. How did Sharia's Closet Se	vices help with your <b>specific need</b> ?	
5. What do you like about th	e service?	
6. What do you dislike about	the service?	
7. What suggestions do you h	ave for improving our services?	
8. Are you willing to share you	ur experience with Sharia's Closet through photograp	ohs, video or in writing? Yes No
I certify that the information on this su	vey is true and I, give permission to Sharia's Closet (SC) to u	use my name, photographs or story in any promotions at their discret

Phone (619) 808-4979 Fax: 619-550-0688 Visit us on the Web at http://shariascloset.org