



# 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!

Please check the box that represents the person completing this form:  **Client**  **Referring Organization**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

This referral was for a:  **Child**  **Youth**  **Adult**

Referring Organization: \_\_\_\_\_ Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Client: \_\_\_\_\_ Parent /Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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

1. How did you hear about our service? \_\_\_\_\_
2. Is this the first time you have used our service?  Yes  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 Services help with your **specific need**? \_\_\_\_\_
5. What do you like about the service? \_\_\_\_\_
6. What do you dislike about the service? \_\_\_\_\_
7. What suggestions do you have for improving our services? \_\_\_\_\_
8. Are you willing to share your experience with Sharia's Closet through photographs, video or in writing?  Yes  No

I certify that the information on this survey is true and I, give permission to Sharia's Closet (SC) to use my name, photographs or story in any promotions at their discretion. I also permit Sharia's Closet to contact me if needed. SC will not sell or share your information with any other agency. **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_