**EXAMPLE**

**NPO CLIENT/CUSTOMER SURVEY**

*PLEASE NOTE: This template is not a “one-size-fits-all” example of a client satisfaction survey. Each NPO will have different types of clients and different types of services. This template is merely offered as an example, which would need to be customized according to the clients and services of each organization. Customization may take the form of a revision to the questions and/or to the research methodology. For example, if you are working with children under a certain age, it may be necessary to interview their caretakers and/or engage external evaluators to observe change in the quality of services.*

**Sample introduction for a written survey, to be completed anonymously:**

Thank you for taking the time to complete this survey. [NAME OF NPO] would like to better understand your needs and whether our services have helped to address your needs. We are also looking for ideas to improve our services. And, based on your answers, we will work to improve our services to you in the future.

The survey should take about [10] minutes to complete. If you would like to skip any questions, you may feel free to do so. Your answers will be kept confidential; we will not include your name or personal information when we review the answers. In fact, you do not have to give us your name along with this survey. That is optional.

**General Information:**

1. What is your relationship with our organization (please select all that apply):
   * Current client / direct beneficiary
   * Former client / direct beneficiary
   * Other (please specify:
2. In what year did you first come into direct contact with our NPO?
3. How did you learn about our program / services?

* Direct contact from a staff member
* Referral from another organization
* Referral from a friend or family member
* Search via Internet
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Overall, how satisfied are you with the quality of services/programs you received (or are now receiving)?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Extremely Dissatisfied |  | Dissatisfied |  | Neutral |  | Satisfied |  | Extremely Satisfied |

1. What service(s) did you receive from our organization? (Check all that apply.)

|  |  |
| --- | --- |
|  | *List of current services provided* |
|  | [INSERT NAME OF SERVICE/PROGRAM #1] |
|  | [INSERT NAME OF SERVICE/PROGRAM #2] |
|  | [INSERT NAME OF SERVICE/PROGRAM #3] |
|  | [INSERT NAME OF SERVICE/PROGRAM #4] |
|  | [INSERT NAME OF SERVICE/PROGRAM #5] |
|  | Other (please specify): |
|  | Other (please specify): |

1. To what extent did/do our service(s) meet your expectations? In the last column, please rank our services in the order of their importance/relevance to you.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | *Much Worse Than Expected* | *Below Expectations* | *Met My Expectations* | *Better Than Expected* | *Far Exceeded Expectations* | ***RANK*** |
| [INSERT NAME OF SERVICE/PROGRAM #1] |  |  |  |  |  |  |
| [INSERT NAME OF SERVICE/PROGRAM #2] |  |  |  |  |  |  |
| [INSERT NAME OF SERVICE/PROGRAM #3] |  |  |  |  |  |  |
| [INSERT NAME OF SERVICE/PROGRAM #4] |  |  |  |  |  |  |
| [INSERT NAME OF SERVICE/PROGRAM #5] |  |  |  |  |  |  |
| Other (please specify): |  |  |  |  |  |  |
| Other (please specify): |  |  |  |  |  |  |

If you marked “Much Worse” or “Below Expectations” for any of the above, can you tell us how we could have improved the service(s) provided to you? (Feel free to write on the back of this survey.)

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1. Did you have to make any payments to receive services?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, would you say that the fee was affordable?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Far Too Expensive* |  | *Expensive* |  | *Neutral* |  | *Affordable* |  | *Very Affordable* |

1. How would you rate our staff with regards to the following:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | *Strongly Disagree* | *Disagree* | *Neutral* | *Agree* | *Strongly Agree* | *NA* |
| Staff was courteous and attentive to my needs |  |  |  |  |  |  |
| Staff was able to understand my needs |  |  |  |  |  |  |
| Staff provided services that met my needs |  |  |  |  |  |  |
| Staff sought my opinions and feedback on the services provided |  |  |  |  |  |  |
| Staff answered all my questions/concerns |  |  |  |  |  |  |
| Staff were quick to respond to my needs |  |  |  |  |  |  |
| Staff are good at what they do. |  |  |  |  |  |  |

If you marked “Extremely Dissatisfied”, “Dissatisfied” or “Neutral” for any of the above, can you explain your how our staff could have provided a better service experience for you? (Feel free to write on the back of this survey.)

|  |
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1. Did our NPO seek your opinion and/or feedback while you were a client?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Strongly Disagree* | *Disagree* | *Neutral* | *Agree* | *Strongly Agree* |
| Staff regularly asks for my opinion about new programs or changes to programs |  |  |  |  |  |
| Staff regularly asks for my feedback on services received |  |  |  |  |  |

1. How has the NPO staff sought to obtain feedback or information from you, for example, about your needs, your satisfaction with services, your recommendations for improvement? (Please check all that apply.)

|  |  |
| --- | --- |
|  | Surveys by NPO staff |
|  | Surveys by a third party |
|  | Focus group discussion with other clients |
|  | Face-to-face interviews |
|  | Anonymous comment/complaint box or mechanism  Informal conversations with staff members providing services |
|  | Other (please specify): |

1. Did you experience any problem(s) with the service provided and/or the manner in which the service was provided?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, please name up to three problems, in order of importance to you. (Feel free to use the back of this paper.)

|  |  |
| --- | --- |
| 1. |  |
|  |  |
| 2. |  |
|  |  |
| 3. |  |
|  |  |

1. How does our support compare with other NPOs you have worked with? Is our quality of service better, worse or about the same as others?

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Much Worse |  | Worse |  | Same |  | Better |  | Much Better |  | Don’t Know |

1. Would you use our service again?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Definitely Not |  | No |  | Maybe |  | Yes |  | Definitely Yes |

1. How likely is it that you would refer a friend to our NPO?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Definitely Not |  | No |  | Maybe |  | Yes |  | Definitely Yes |

1. What suggestions do you have that could help us to provide better services to you and other clients like you? Are there any services you would like for our NPO to add? Which services are not helpful to you and can be omitted? (Feel free to use the back of this paper.)

|  |
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1. OPTIONAL: Would you be willing to participate to provide additional feedback by way of a phone call or a face-to-face interview? If so, please provide your name and contact details below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME: |  | | | |
| TELEPHONE: |  | | | |
| EMAIL ADDRESS: |  | | | |
| PREFERENCE |  | PHONE CALL |  | FACE-TO-FACE INTERVIEW |

Thank you for taking the time to complete this survey. Once we have all the feedback, we will share the results of the survey with you and anyone interested [ADD: explain how the results will be shared, for example: in an upcoming newsletter, on our website, at an upcoming meeting/event.].