

SEVA-RAPIDRESPONSE

Comprehensive Customized Workforce Transition Services for Mass Employee Layoffs and Business Expansions

Employer Satisfaction Survey

Thank you for working with our staff and partners. In order to help us provide quality services in the future for our customers, we ask that you complete this brief survey. We value your feedback!

1. Name: _____ Title: _____

2. Company: _____ Phone: _____

3. Initial Telephone Contact:

Did the person clearly identify himself or herself?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Was the person courteous and professional	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Somewhat <input type="checkbox"/>
Was the person knowledgeable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Somewhat <input type="checkbox"/>
Were you comfortable discussing the layoff or closure with the caller?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Somewhat <input type="checkbox"/>

If "no" or "somewhat" to any of the above, please explain how we could improve:

4. Initial Employer Meeting

Was the person(s) courteous and professional?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Somewhat <input type="checkbox"/>
Was the person knowledgeable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Somewhat <input type="checkbox"/>
Was the information presented helpful?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Somewhat <input type="checkbox"/>

If "no" or "somewhat" to any of the above, please explain how we could improve:

5. Other Services Provided

Was the staff courteous and professional	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Somewhat <input type="checkbox"/>
Was the staff knowledgeable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Somewhat <input type="checkbox"/>
Were the services helpful to employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Somewhat <input type="checkbox"/>

If "no" or "somewhat" to any of the above, please explain how we could improve:

6. Would you use our services again? Yes No Maybe

7. Would you recommend our services to others? Yes No Maybe

8. Other comments suggestions

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.

TDD/TTY: 1-800-828-1120