**HAWAII DISABILITY RIGHTS CENTER**
**SATISFACTION SURVEY**

*Tell us how we did!*

Our goal was to help you to solve your problem to your satisfaction. We hope we were successful. If we were not able to assist you with your problem, or if you were not satisfied with our service, please tell us what we could have done differently.

*Please take a few minutes to complete and return this survey to us.*

<table>
<thead>
<tr>
<th>APPLICANT OR CLIENT</th>
<th>REPRESENTATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Telephone</td>
<td>Telephone</td>
</tr>
<tr>
<td>Street Address</td>
<td>Street Address</td>
</tr>
<tr>
<td>City/State/Zip code</td>
<td>City/State/Zip code</td>
</tr>
</tbody>
</table>

1. Was the HDRC staff person who assisted you courteous?  
   *Please explain:*  
   YES  NO

2. Did we serve you promptly?  
   *Please explain:*  
   YES  NO

3. Did we give you any useful information or refer you to other helpful agencies?  
   *Please explain:*  
   YES  NO
4. If we were not able to help you with your problem, do you understand why?  
   Please explain:  
   YES  NO

5. If you had an assigned advocate or attorney, were you satisfied with the way your problem was handled?  
   Please explain:  
   YES  NO

6. Was your problem solved, did your situation improve, or were you satisfied with the outcome?  Please explain:  
   YES  NO

7. Will you contact us again if you need assistance or information?  
   YES  NO