

JOB SATISFACTION SURVEY

Acadia Care Group LLC

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PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION
THAT COMES CLOSEST TO REFLECTING YOUR OPINION
ABOUT IT.

Disagree very much
Disagree moderately
Disagree slightly
Agree slightly
Agree moderately
Agree very much

| | | |
|----|---|-------------|
| 1 | I feel I am being paid fair for the work I do. | 1 2 3 4 5 6 |
| 2 | There is a chance for promotion on my job. | 1 2 3 4 5 6 |
| 3 | My supervisor is quite competent in doing his/her job. | 1 2 3 4 5 6 |
| 4 | I am satisfied with the benefits I receive. | 1 2 3 4 5 6 |
| 5 | When I do a good job, I receive the recognition for it that I should receive. | 1 2 3 4 5 6 |
| 6 | Many of our rules and procedures make doing a good job easy. | 1 2 3 4 5 6 |
| 7 | I like the people I work with. | 1 2 3 4 5 6 |
| 8 | I sometimes feel my job is meaningful. | 1 2 3 4 5 6 |
| 9 | Communications seem good within this organization. | 1 2 3 4 5 6 |
| 10 | Raises are too few and far between. | 1 2 3 4 5 6 |
| 11 | Those who do well on the job stand a fair chance of being promoted. | 1 2 3 4 5 6 |
| 12 | My supervisor is fair to me. | 1 2 3 4 5 6 |
| 13 | The benefits we receive are as good as most other organizations offer. | 1 2 3 4 5 6 |
| 14 | I feel that the work I do is appreciated. | 1 2 3 4 5 6 |
| 15 | My efforts to do a good job are seldom blocked by red tape. | 1 2 3 4 5 6 |
| 16 | I find I have to work harder at my job because of the incompetence of people I work with. | 1 2 3 4 5 6 |
| 17 | I like doing the things I do at work. | 1 2 3 4 5 6 |
| 18 | The goals of this organization are clear to me. | 1 2 3 4 5 6 |

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 ABOUT IT.

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Disagree very much
 Disagree moderately
 Disagree slightly
 Agree slightly
 Agree moderately
 Agree very much

| | | 1 | 2 | 3 | 4 | 5 | 6 |
|----|---|---|---|---|---|---|---|
| 19 | I feel appreciated by the organization when I think about what they pay me. | | | | | | |
| 20 | People get ahead as fast here as they do in other places. | | | | | | |
| 21 | My supervisor shows interest in the feelings of subordinates. | | | | | | |
| 22 | The benefit package we have is equitable. | | | | | | |
| 23 | There are rewards for those who work here. | | | | | | |
| 24 | I have too much to do at work. | | | | | | |
| 25 | I enjoy my coworkers. | | | | | | |
| 26 | I often feel that I know what is going on with the organization. | | | | | | |
| 27 | I feel a sense of pride in doing my job. | | | | | | |
| 28 | I feel satisfied with my chances for salary increases. | | | | | | |
| 29 | There are benefits we do not have which we should have. | | | | | | |
| 30 | I like my supervisor. | | | | | | |
| 31 | I have too much paperwork. | | | | | | |
| 32 | I don't feel my efforts are rewarded the way they should be. | | | | | | |
| 33 | I am satisfied with my chances for promotion. | | | | | | |
| 34 | There is too much bickering and fighting at work. | | | | | | |
| 35 | My job is enjoyable. | | | | | | |
| 36 | Work assignments are not fully explained. | | | | | | |

Acadia Care Group

3577 E. Tremaine
Gilbert, AZ 85234

How can we improve?

Please take a moment to help us improve your experience at Acadia Care Group.

Client Care

How often do you utilize Acadia Care Group?

- Every day
- 4 or 5 times a week
- 3 or fewer times a week
- First time

How would you rate our Service ?

- Consistent high quality
- Generally good
- Quality varies daily
- Poor quality

What do you typically need?

- Respite
- Habilitation
- Attendant Care
- Housekeeping
- Other

How would you rate us ?

- Consistent high quality
- Generally good
- Quality varies daily
- Poor quality

Service

How long did you wait for assistance?

- Immediate service
- Less than 1 minute
- 1 to 3 minutes
- More than 3 minutes

How long did you wait for your provider?

- Less than 1 day
- 1 to 5 days
- 5 to 13 days
- More than 14 days

How would you rate the staff?

- Friendly and helpful
- Average
- Varies on each visit
- Poor service

Was the provider prompt, enthusiastic and energetic?

- Yes
- No

Additional Comments

About You (optional)

Name

Address

Phone

Email

May we add you to our mailing list, which offers news and exciting promotions? Yes No

Thank you for your participation!

ACADIA

Care Group

GRIEVANCE/COMPLAINT FORM

| | | | | |
|--|----------------------------|----------|-------|------|
| Name of Person Completing Form: | | | | Date |
| Are you a: | Client Family | Provider | Other | |
| Who is involved in the situation ? | Acadia Care Group Provider | Other | | |
| Was this a one-time occurrence ? | YES | NO | | |
| If "no" please describe: | | | | |
| Was a formal Incident Report form filled out ? | YES | NO | | |
| If so, when was it sent to Acadia Care Group LLC ? | YES | NO | | |
| Have you tried anything to resolve the situation prior to submitting this complaint ? | YES | NO | | |
| Please describe the situation: | | | | |
| Has anyone from Acadia Care Group LLC given you strategies to remedy the situation ? | YES | NO | | |
| If so, who gave you the strategies and what were they ? | | | | |
| What do you hope that Acadia Care Group LLC will do to help remedy the situation and meet your expectations of successful closure to the situation ? | | | | |
| Is there any other information about the situation that you'd like Acadia Care Group LLC to be aware of ? | | | | |

Signature (Print and Sign)

Date

Please note that Acadia Care Group LLC takes all complaints, allegations and grievances seriously. We will interview all parties involved and mediate to the best of our ability in order to find resolution to the situation. If an involved party is found to be negligent in any way, Acadia Care Group LLC will take immediate appropriate corrective action which can include, but is not limited to, termination of employment for providers and discontinuation of services for clients. Knowingly falsifying a report is also grounds for corrective action which can include, but is not limited to, termination of employment for providers and discontinuation of services for clients.