

Nonprofit Service Recipient Survey

About You

Name

Email

Age

Location/Area

About Our Services

Which service(s) have you used?

How satisfied are you with our services?

☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied

How can we improve our services?

Accessibility & Impact

Was it easy to access our services?

☐ Yes ☐ No

Did you face any challenges? Please describe.

How has our service impacted you?

Additional Feedback

Anything else you'd like to share?

