

Nonprofit Service Quality Annual Survey

Contact Information

Name

Email

Organization (if applicable)

Service Experience

Which of our services did you use in the past year?

How would you rate the quality of our services?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

How satisfied are you with the staff's professionalism?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Did our services meet your needs?

Feedback

What can we improve?

What was the most helpful part of our service?

Additional comments

