

**Work Program (WIOA) Visit Customer Service Survey**

(Circle the SC Works Center visited) Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry, Saluda

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| --- | --- |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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Thank you for telling us about your visit to the SC Works Upper Savannah Center. The following survey is voluntary and will be kept confidential. Your answers may be used to improve the services at the center.

Please answer the questions below.

1. Was your visit scheduled or were you a drop in?

|  |  |
| --- | --- |
| 1. Scheduled | 1. Drop in |

1. If your visit was scheduled, was the staff member ready for your appointment?

|  |  |
| --- | --- |
| 1. Yes, they were ready and prepared | 1. Yes, but the wait time was unacceptable |
| 1. No, they were not ready or prepared at my appointment time |  |

1. The staff made me feel (circle all that apply to you)

|  |  |
| --- | --- |
| 1. Supported, like I had an ally | 1. Listened to |
| 1. Like my concerns were important | 1. Like they would work with me to overcome obstacles |
| 1. None of these |  |

1. Was the environment of the center helpful in giving you a positive experience?

|  |  |
| --- | --- |
| 1. Yes, the atmosphere felt helpful and professional | 1. Yes, but there were some distractions that made it difficult |
| 1. No, the environment was not helpful or professional |  |

1. Were you given an appointment for your next visit?

|  |  |
| --- | --- |
| 1. Yes, with an appointment card | 1. Yes, but I was not given an appointment card |
| 1. No, an appointment was not made |  |

1. After this visit, I feel closer to finding a job.

|  |  |
| --- | --- |
| 1. Yes | 1. No |

(Optional) To be contacted about this survey or other services, please provide your contact information below.

|  |  |
| --- | --- |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please write any additional comments below.