



CUSTOMER OR COMPANION FEEDBACK FORM

The Department of Children and Families is committed to providing excellent customer service. We value your opinion and request that you complete this short survey to assist us in evaluating and improving our services. While you are not required to respond, we thank you in advance for completing this survey. You may remain anonymous, unless you wish to be contacted. When the form is completed, please mail it to: Department of Children and Families, Office of Civil Rights, 1317 Winewood Boulevard, Building 1, Room 110, Tallahassee, Florida 32399-0700. If you need assistance completing this form, please contact the Office of Civil Rights at (850) 487-1901 or TDD (850) 922-9220.

For instructions in ASL on how to complete this form, please visit the following link:

<http://www.dcf.state.fl.us/admin/servicedelivery/VideoCustomerFeedbackForm.shtml>

DCF Program Office or Agency Name: _____

Location: _____

1. Were you offered any services to help you communicate? Yes No
2. Did you ask for any services to help you communicate? Yes No
3. If yes, what services to help you communicate did you receive? _____
4. Did you receive the services to help you communicate you asked for? Yes No
5. Did you understand completely? Yes No
6. Were you denied any services to help you communicate? Yes No
7. Were you satisfied with the services to help you communicate? Yes No
8. If not, why? _____

9. Did you know that these services to help you communicate were at no cost? Yes No

Comments:

**Please complete and return to: Office of Civil Rights
1317 Winewood Boulevard
Building 1, Room 110
Tallahassee, Florida 32399**