

**CUSTOMER SATISFACTION SURVEY**  
**Oregon Long-Term Care Ombudsman Program**

If you recently contacted our Long-Term Care Ombudsman Program for assistance, please take a few minutes to answer these six questions about the services you received from our program.

You may print out this form and mail it to us on the address listed on the next page.

Your information will help us to improve our services in the future.

**You do not have to answer each question,**  
only those that apply to your own experience with Ombudsman services.

**Rating System:**

<b>1= Excellent</b>	<b>2= Good</b>	<b>3= Fair</b>	<b>4= Poor</b>
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**Questions:**

**1. How would you rate the timeliness of the services provided by the Ombudsman?**

**Circle one:**

**1= Excellent      2= Good      3= Fair      4= Poor**

**2. How would you rate the ability of the Ombudsman Program to provide services correctly the first time?**

**Circle one:**

**1= Excellent      2= Good      3= Fair      4= Poor**

**3. How do you rate the helpfulness of the Ombudsman Program's representatives?**

**Circle one:**

**1= Excellent      2= Good      3= Fair      4= Poor**

**4. How do you rate the knowledge and expertise of the Ombudsman Program's representative?**

**Circle one:**

**1= Excellent      2= Good      3= Fair      4= Poor**

**5. How would you rate the availability of information at the Ombudsman Program?**

**Circle one:**

**1= Excellent      2= Good      3= Fair      4= Poor**

**6. How would you rate the overall quality of service at the Ombudsman Program?**

**Circle one:**

**1= Excellent      2= Good      3= Fair      4= Poor**

**Thank you! We appreciate your assistance.**

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STATE OF OREGON  
OFFICE OF THE LONG-TERM CARE OMBUDSMAN  
3855 WOLVERINE NE, SUITE 6  
SALEM, OR 97305-1251

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