



1200 N. West Avenue, Suite 400
 Jackson, MI 49202
 (517)-780-3336/FAX (517) 796-4561

Business Satisfaction Survey

Date: _____

Please specify how you are associated with Recovery Technology: _____

We would like your opinion on how well Recovery Technology is doing in meeting your needs and expectations. Your completed survey can be faxed to the **Attention of Jim DeBruler at 517-796-4561**. All provided information remains confidential. Please check the appropriate response. Thank you for your time and input.

5=Excellent 4=Good 3=Average 2=Below Average 1=Unsatisfactory

	5	4	3	2	1
1. Overall, how satisfied are you with the timeliness in which Recovery Technology responds to you and/or your organization?					
2. How would you rate the services provided by Recovery Technology?					
3. How well do you think Recovery Technology adheres to Person Center Planning?					
4. How hospitable and helpful is the Recovery Technology staff?					
5. Overall, how convenient are Recovery Technology's business of hours?					

	Yes	No	Comment
6. Would you recommend Recovery Technology to a friend?			
7. If your answer to the above question is no, would you like additional information? If so, please provide your contact information.			
8. Are you aware of all the services Recovery Technology has to offer?			
9. Did you know that your input about Recovery Technology is welcomed at any time?			
10. Do you know who you can contact if you are dissatisfied?			

11. In what ways do you think Recovery Technology can improve?

12. Additional Comments: