

Chicago Hearing Society Interpreter Feedback Form

Chicago Hearing Society continuously strives to improve its services. Your feedback provides valuable information for that effort.

Please rate the following:

	Low				High
1. Your rapport with office staff	1	2	3	4	5
2. Your receiving sufficient details about each job	1	2	3	4	5
3. Timeliness of payment for work completed	1	2	3	4	5
4. Quality of teams hired to work with you	1	2	3	4	5
5. Effectiveness of e-mailing assignment information	1	2	3	4	5
6. Effectiveness of paging assignment information	1	2	3	4	5
7. Appropriateness of how office staff handles your concerns	1	2	3	4	5
8. For you, what is the most stressful aspect of interpreting?					
9. Please list three things that you value the most when dealing with a referral agency.					
10. How can CHS better serve you and our customers?					
11. Any other comments:					

THANK YOU!

Name (optional): _____ Phone: _____

Would you like CHS to contact you regarding your feedback? Yes No

Return completed form to: CHS Director, 2001 N. Clybourn Avenue, Chicago, IL 60614. Or fax form to 773-248-9176.