MCCDC/DOR Client Satisfaction Survey

Thank you for letting us be part of your journey.
Please take a moment and share your feedback, it is important to us!

Participant Information

Name: _____ Date: _____

MCCDC Service Experience (Rate 1-5: 1=Strongly Disagree, 5=Strongly Agree)

_____ My services were explained clearly.
_____ I was treated with dignity and respect.
_____ I was involved in decisions about my services (informed choice).
_____ Staff were responsive to my needs.
_____ I understand my Individualized Plan for Employment (IPE).
_____ I feel my services are helping me reach my employment goals.

DOR Case Manager Experience

_____ My DOR Counselor/Case Manager communicated clearly.
_____ My DOR Counselor/Case Manager was responsive and available when needed.
_____ I felt supported by my DOR Counselor/Case Manager.
_____ My DOR Counselor/Case Manager respected my choices and goals.
_____ Overall, I am satisfied with my DOR Counselor/Case Manager.

Accessibility & Inclusion

_____ Services were accessible to me.
_____ My cultural and personal needs were respected.
_____ I received accommodations when needed.

Health & Safety

_____ I feel safe participating in services.
_____ I know how to report concerns or complaints.

Outcomes & Satisfaction

_____ I am satisfied with the services I received.
_____ I would recommend MCCDC services to others.
_____ My employment readiness has improved.

Rights & Communication

_____ I understand my rights as a participant.
_____ I know how to file a complaint or appeal.

Open Feedback

What did you like most about the program?

What could we improve?

"MCCDC communicates feedback trends to DOR partners to improve coordination and service delivery."

Optional Follow-Up

May we contact you about your feedback? _____ Yes _____ No
Preferred Contact (Phone/Email): _____