

Confidential Client Satisfaction Survey

*RIEAS strives to provide our EAP clients with quality services. To assist us in seeking ways to improve these services, we ask that all clients that have accessed services take a few minutes to give us their feedback. This survey is completely anonymous and we ask that they **do not** put their name on it.*

Your employer's name: _____ Location: _____	Did staff understand the nature of your concern and offer useful information and assistance? ___ Always ___ Sometimes ___ Never Comment: _____	Approximately, how many contacts did you have with the RIEAS Consultant? ___ 1-5 ___ 6-10 ___ 11 or more
You first heard of RIEAS through: ___ co-worker ___ brochure ___ supervisor ___ poster ___ training session ___ web site ___ family member ___ HR Dept. ___ union rep. ___ employee health nurse	Did the staff respond to your calls in a timely manner? ___ Always ___ Sometimes ___ Never	Would you use RIEAS again or recommend it to a coworker? ___ Yes ___ No Comment: _____
What concern(s) led you to seek assistance? ___ relationship ___ depression ___ anxiety ___ grief ___ stress ___ alcohol/drug ___ financial ___ legal Other: _____	Did you feel that confidentiality was strictly maintained? ___ Always ___ Sometimes ___ Never Comment: _____	Is RIEAS literature and information available to you at work? ___ Yes ___ No
If RIEAS located services for you, were the services helpful? ___ Yes ___ No ___ Not Applicable	Were your concerns affecting your job before you sought assistance? ___ Yes ___ No	Do you feel that the EAP is a valuable company-offered benefit? ___ Yes ___ No
Did RIEAS staff treat you with courtesy and respect? ___ Always ___ Sometimes ___ Never Comment: _____	Did your job performance improve after services were provided? ___ Yes ___ No	Do you have any suggestions for improving the services of RIEAS? Please comment: _____ _____ <div style="text-align: right;">Thank You!</div>