

HOLYOKE HOUSING AUTHORITY

CUSTOMER SERVICE SURVEY FOR THE LEASED HOUSING DEPARTMENT

The Executive Director takes every comment seriously. Please take the time to tell us about your experience at the Holyoke Housing Authority. Your comments will be carefully considered to better serve you, our customer.

Date: _____ Time: _____

Service Representative assisting you: _____

Your contact information – Optional: Name: _____

Address: _____

- 1) During your last call or visit to the Leased Housing Department, were you greeted in a friendly and professional manner? Very Professional Professional Not Very Professional
- 2) At the time of your call or visit, was the employee who assisted you helpful in answering all your questions? Yes, very helpful Helpful Not very helpful

Comments: _____

- 3) If the employee who assisted you was unable to answer your questions, did he/she promptly get you the assistance that you needed: Yes No

Comments: _____

- 4) Were you satisfied with the service that we provided? Yes No

Comments: _____

- 5) Were you provided with information regarding Program opportunities provided by the HHA?
 Moving to Work Family Self Sufficiency First time Homebuyers

- 6) How would you rate your overall experience with the HHA Leased Housing Department?
 Very Satisfied Satisfied Unsatisfied Very unsatisfied

Comments: _____

- 7) I am a Property Owner/Manager I am a HHA Leased Housing Participant

**Please mail all surveys to : Holyoke Housing Authority
475 Maple Street Suite 1
Holyoke, MA 01040 Attn: Human Resource**

Survey forms can also be found at www.holyokehousing.org