

DUE DATE: <<RETURN_DATE>>

Instructions: Please blacken the circle that best corresponds to how you would rate this facility in the following areas. Blacken only one circle for each statement. If a statement does not apply, leave the circles blank.

INCORRECT: (X) (circle with slash) (circle with dot) (circle with horizontal line) CORRECT: (filled circle)

Employee Satisfaction Survey

OVERALL RECOMMENDATION

1. Where 0 is the least likely and 10 is the most likely, how likely are you to recommend this organization as a place to work?

0 1 2 3 4 5 6 7 8 9 10
O O O O O O O O O O O

Not at all likely

(Please choose one)

Extremely likely

Table with 5 columns: Question, NO, YES SOMEWHAT, YES MOSTLY, YES DEFINITELY. Contains 11 survey questions regarding work environment, equipment, and communication.

PLEASE ANSWER QUESTIONS ON REVERSE SIDE

<<Barcode>>



<<Sort Position>>

<<Facility_Full>>

12. Is there anything else you would like to say about your experience with this organization?

**Please mail the survey using the pre-addressed, postage-paid envelope enclosed.
THANK YOU!**



0840

Form C <<Facility_ID>>

<<Survey_Run_ID>>