

CITY OF HALLANDALE BEACH
HUMAN SERVICES DEPARTMENT

CONSUMER SURVEY

Mail completed surveys to:

HUMAN SERVICES DEPARTMENT
750 NW 8TH Avenue
Hallandale Beach, Florida 33009

Please assist us in providing quality services to the community by completing this survey. If you have any questions or require additional information, please do not hesitate to contact this office at 954-457-1460. You may Fax surveys to 954- 457-1305.

NAME _____ **DATE** _____

ADDRESS _____
STREET ADDRESS APT. # CITY ZIP CODE

TELEPHONE NUMBER/S _____
HOME OTHER

1. What was the primary reason for your visit? _____
2. Did you receive the service/s you requested? Yes _____ No _____ (specify) _____
3. Number of persons in your household ? _____ Adults _____ Children _____
4. What services did you receive? Please check (√) all that apply
 - a. Information and Referral
 - b. Counseling
 - c. After School Care
 - d. Employment Services
 - e. Education Program
 - f. Emergency Funds (Utility payment)
 - g. Food
 - h. Housing Assistance
 - i. Transportation
 - j. Computer Training
 - k. Senior Mini Center
 - l. Suspension Program
 - m. Health Services
 - n. Other _____

4. How would you rate the staff? Excellent _____ Good _____ Fair _____ Poor _____

5. How would you rate the services? Excellent _____ Good _____ Fair _____ Poor _____

If poor specify why? _____

6. Other comments: _____

THANK YOU FOR COMPLETING THIS SURVEY