

**CLIENT
SATISFACTION
FEEDBACK
Form**



**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**

OMB Number: 0970-0519

In order to help the Office on Trafficking in Persons' National Human Trafficking Training and Technical Assistance Center (NHTTAC) better serve the field, we are reaching out to obtain your feedback. We will protect the privacy of your information in accordance with the Federal Privacy Act, and we will protect the confidentiality of your responses using procedures we have in place, including reporting all information in aggregate to avoid identifying information. Only members of the NHTTAC Evaluation Team have access to information that could identify respondents. If you have any questions about this survey or the evaluation, please contact [insert].

ORGANIZATION WHERE YOU RECEIVED SERVICES _____

DATE(S): _____

Please indicate the extent to which you agree or disagree with the following statements:	Strongly Disagree		Strongly Agree	
	1		8	
The healthcare/behavioral health/human service provider [Insert topic/competency to assess satisfaction with services #1-14].				

What are the top three aspects of this visit that were most helpful and why?

What could [Insert organization/agency] do differently to improve client/patient care in the future?

Thank you for taking the time to complete this form and helping to improve NHTTAC activities.