

Customer Feedback Form

RETP, Florida

Please fill in the following information.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Did the overall quality of the service/product meet your expectations?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was the time frame for the services reasonable?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were appointments/phone calls handled/returned promptly?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you feel the time spent on the initial assessment was reasonable?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was the service process clear to you?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Were you informed of the service options available to you?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you feel you were adequately involved in making decisions about your case? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Was the Rehabilitation Engineer professional & courteous?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Was the vendor selected to perform your services courteous and professional?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did the engineer seem knowledgeable about the technology available?          | <input type="checkbox"/> | <input type="checkbox"/> |

If you have any questions or concerns about Rehabilitation Technology services you may reach the Program Office toll free at 1-866-RE-AT-USF

Thank you for taking a minute of your time to fill out this card to assist us in keeping our services at the highest quality level.

Please provide any additional comments:

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**Please mail the form to  
Customer Service Unit,  
1699 Apalachee Parkway #476,  
Tallahassee, FL 32301**