Customer Feedback Form
RETP, Florida

Please fill in the following information.

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

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