|  |  |
| --- | --- |
|  | **EMPLOYERS SERVICES DEPARTMENT**  *Employer Training & Assistance*  *Satisfaction Survey* |

|  |  |  |
| --- | --- | --- |
| **Visit Type**  **(Check One)** | **Initial** | **Follow-Up** |
|  |  |

We are committed to providing excellent customer service. To help us assess our strengths and weaknesses, please complete the following survey regarding your field representatives’ performance. Your candid responses will help us identify opportunities for improvement. Please return the completed survey to Jeffrey George at [jeffrey.george@trsl.org](mailto:jeffrey.george@trsl.org).

**DATE SENT:**

|  |  |  |
| --- | --- | --- |
| **Type of Training/Assistance** | | |
| **Training** | **Data Collection** | **Both** |
|  |  |  |

**EMPLOYER:**

**FIELD REPS:**

Please check the box below the number that best describes your level of satisfaction with TRSL field representatives’ performance during the on-site visit. Satisfaction ratings are on a scale of 1 to 5, with 1 being the lowest and 5 indicating a high level of satisfaction.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SURVEY STATEMENTS** | **SATISFACTION RATINGS**  **Low High** | | | | | |
| Did the TRSL representative(s) seem prepared for the site visit? | **1** | **2** | **3** | **4** | **5** | **N/A** |
| Were the TRSL representative(s) friendly, approachable, and courteous? | **1** | **2** | **3** | **4** | **5** | **N/A** |
| Were the TRSL representative(s) considerate of staff’s time; did they try to minimize disruptions to your operations? | **1** | **2** | **3** | **4** | **5** | **N/A** |
| Did you receive a training plan prior to the visit and were you given an opportunity to provide input in creating or modifying the plan? | **1** | **2** | **3** | **4** | **5** | **N/A** |
| Was the training plan customized to your agency’s specific training needs? | **1** | **2** | **3** | **4** | **5** | **N/A** |
| Did the TRSL representative(s) listen to your concerns and address your needs appropriately and timely? | **1** | **2** | **3** | **4** | **5** | **N/A** |
| Did the TRSL representative(s) appear knowledgeable of TRSL laws, regulations, and procedures? | **1** | **2** | **3** | **4** | **5** | **N/A** |
| Was the information presented clearly; was it easy to understand? | **1** | **2** | **3** | **4** | **5** | **N/A** |
| What is your overall satisfaction with service provided? | **1** | **2** | **3** | **4** | **5** | **N/A** |
| How likely are you to use this service again? Would you recommend this service to your counterparts? | **1** | **2** | **3** | **4** | **5** | **N/A** |

Additional comments (suggestions for improving our training program and/or customer relations, specifics regarding what you liked/disliked about the site-visit, suggestions for improving TRSL processes, etc.)

**SURVEY COMPLETED BY**:       **DATE:**

**TITLE/POSITION**: