



Client Company Satisfaction Survey

Your satisfaction with **EAP Resources** is very important to us. We will appreciate your opinion on how well we have served your organization and suggestions on how we can better meet needs of your employees. Please circle the response that best describes your experience with **EAP Resources**.

1. **Overall our organization has been satisfied with the services of EAP Resources.**

Strongly Agree Agree Somewhat Agree Disagree Strongly Disagree

2. **We have been pleased with the EAP Resources Counselors.**

Strongly Agree Agree Somewhat Agree Disagree Strongly Disagree

3. **The amount of contact with the EAP Resources Counselors has been adequate.**

Strongly Agree Agree Somewhat Agree Disagree Strongly Disagree

4. **The interactions with the Counselors have been helpful.**

Strongly Agree Agree Somewhat Agree Disagree Strongly Disagree

5. **The conduct of the EAP Resources Counselors has been professional.**

Strongly Agree Agree Somewhat Agree Disagree Strongly Disagree

6. **The quarterly utilization reports have been useful and informative.**

Strongly Agree Agree Somewhat Agree Disagree Strongly Disagree

7. **The quarterly utilization reports are received by our department on time.**

Yes___ No___

8. **Would you recommend EAP Resources to other companies?**

Yes___ No___

9. **Please provide any additional comments or suggestions that you think will help us to better serve your organization.**

Thank you for taking the time to complete this survey. Your feedback is very valuable to us and helps us to improve our services. If you have any concerns regarding the quality of services provided by EAP Resources, please feel free to contact the Office of Quality Improvement at **1-800-609-9665**.

Please mail surveys to the following address:

Mr. Rusty Adams, Administration
EAP Resources, LLC
2868 Acton Road
Birmingham, AL 35243

Thank you.

