

(AGENCY NAME)
(AGENCY ADDRESS)

TITLE VI Service Recipient Satisfaction Survey

(Please complete this survey with staff upon completion of service)

1. The staff at (AGENCY NAME) reviewed my Title VI rights with me upon admission?
Yes or No
2. A copy of my Title VI rights was provided to me after being reviewed with me upon my admission to (AGENCY NAME). Yes or No
3. The staff at (AGENCY NAME) informed me that equal treatment is afforded to all, and that each participant cannot be denied services because of their race, disability, color, religion, age and national origin? Yes or No
4. The (AGENCY NAME) staff informed me of where the Title VI posters are located and of the person and telephone number to call to file a discrimination complaint. Yes or No.
5. I feel that my Title VI rights have been honored while receiving services from (AGENCY NAME). Yes or No

Client signature

Date

Staff Signature

Date