

Select Language

Little Dixie C.A.A. Consumer Satisfaction Survey

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Little Dixie Community Action Agency, Inc. is proud to serve you and hopes to improve. For us to improve we need your feedback. Please take the following brief, anonymous survey. You do **not** need to identify yourself. Your thoughts are greatly appreciated!

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1. From what program(s) did you received assistance?..... _____

2. What was your primary reason for visiting Little Dixie C.A.A.?... _____

3. What was the name of the person(s) who assisted you?..... _____

4. How would you rate your overall satisfaction with Little Dixie C.A.A.?.....

Very Satisfied Somewhat Satisfied Somewhat Not Satisfied Not Satisfied At All

5. Please share why you were or were not satisfied with Little Dixie C.A.A.

5. How did you learn of our assistance/service?..... Friend Internet Radio TV Billboard Other

6. In what County did you receive assistance/service?.....

McCurtain Choctaw Pushmataha Atoka Bryan Carter, Love, Marshal Other

7. Which range includes your age?..... 18 to 30 31 to 50 51 to 65 66 or Above Prefer Not To Answer

8. What is your gender?..... Male Female Prefer Not To Answer

9. What is your race?..... Hispanic or Latino White Black or African American Native Hawaiian or Other Pacific Islander

Asian American Indian or Alaska Native Two or More Races Prefer Not To Answer

10. Do you have any suggestions for improving our products/ services?..

Thank you so much for taking our survey! [Click to Send Survey Information](#)

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[Reset](#)

Date _____

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Please Mail to
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