

Date \_\_\_\_\_

## Staff Satisfaction Survey Administrative Form

*The information requested on this sheet will be used to classify all surveys in the accompanying batch.*

Name of Organization \_\_\_\_\_

Site ID # \_\_\_\_\_

CEO name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Survey Period: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Number of Employees Surveyed: \_\_\_\_\_

Your surveys can have up to eight programs printed on the back of the survey forms. Please list the programs to be printed on staff surveys:

### PROGRAMS:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

Contact mhca's National Data Center if you need assistance completing this form: 850-942-4900