



Date: \_\_\_\_\_

## Customer Survey Administrative – Form C (Client)

The information requested on this sheet will be used to classify all surveys in this batch. Please complete a separate Administration Form for each unit surveyed.

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

**Site #:** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Email** \_\_\_\_\_

**Unit # (3 digit code):** \_\_\_\_\_

**Unit Name:** \_\_\_\_\_

This is the name that will be used on the report.

### Client Type:

- ☐ Mental Health Services
- ☐ Drug & Alcohol Services
- ☐ Other

Please specify: \_\_\_\_\_

### Service Type:

- ☐ Inpatient (IP)
- ☐ Outpatient (OP)
- ☐ Residential Services (RS)
- ☐ Partial/ Day Treatment Program (P/DTP)
- ☐ Emergency Services (ES)
- ☐ Case Management (CM)
- ☐ Vocational Services (VS)

**Number of surveys completed :** \_\_\_\_\_

List items to omit from survey:

\_\_\_\_\_  
\_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

Contact the National Data Center if you need assistance filling out this form: 850-942-4900

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