HEALTH AND HUMAN SERVICES GROUP
23392 Madero, Suite L
Mission Viejo, CA 92691 Phone: (800) 275-7460 Fax: (949)-855-7575

DEA/EAP CLINICAL CLIENT SATISFACTION SURVEY AUTHORIZATION

Upon completion of your counseling sessions with your clinicians from the DEA Employee Assistance Program (EAP), we would like feedback regarding your satisfaction with the services you have received. With your permission, the DEA EAP Contractor will either contact you by telephone to conduct a five minute survey or, if you prefer, contact you by email. *If you would prefer to have a brief survey sent to your email address instead of having us call you – please provide your email address below.*

The information collected will be used to improve the quality of our services to DEA employees and their family members.

Your responses will be confidential and never be linked to you in any way. Your email address will only be used for this survey.

If you are willing to participate in the survey, please indicate this by filling out the information requested below and return it to your EAP Clinician immediately. If you do not wish to participate in the survey, please write your name on the first line and check the box at the bottom of the page.

The choice is completely yours. Thank you for your assistance.

Clinician's Name: _____

Your Name: _____

Your email address: _____

Telephone number to call (if not using email):

_____

Best time to reach you (if not using email): _____

Signature: _____

Date: _____

☐ I Do Not Wish To Be Contacted