



EMPLOYER SATISFACTION SURVEY

Company Name: _____

Company Contact Name: _____

Phone Number: _____

Email: _____

As part of our continuous effort to improve the delivery of our services to you, we ask that you take a few minutes to complete this survey. Please rate us.

- 1 = if you are very dissatisfied
- 2 = if you are somewhat satisfied
- 3 = if you are neutral
- 4 = if you are somewhat satisfied
- 5 = if you are very satisfied

	1	2	3	4	5
How satisfied were you with the professionalism of the Rapid Response facilitator?					
How satisfied were you with the Rapid Response services delivered?					
How likely are you to use Rapid Response services again in your current or a future role?					
How likely would you be to refer someone you know?					

Please include below, any comments that you have that would help us to improve our services.