KV CAP Transportation Services is dedicated to providing customers with quality medical and special needs transportation. To help us evaluate the quality of our service, please take a moment to complete the following Customer Satisfaction Survey.

Please check (✔) the answer based on your typical use:

1. What KV Van Transportation Service did you use most often?
   - Bus/Van Service
   - Volunteer Driver Service
   - Friend & Family Driver Program
   - Mileage reimbursement

2. What general service area do you live in?
   - Augusta Area
   - Waterville Area
   - Skowhegan Area

3. On average, how often do you use KV CAP Transportation Services?
   - Infrequently
   - Monthly
   - Weekly
   - Daily

On the scale from 1 to 5, please circle the answer that best reflects your experience.

4. When you called the KV CAP Transportation Services Office:
   a. Did your call taker treat you courteously?
      Never 1 2 3 4 5 Always
   b. Did KV CAP set up your trips accurately?
      Never 1 2 3 4 5 Always
   c. Did the staff person answer your questions accurately?
      Never 1 2 3 4 5 Always
   d. Did KV CAP call you back if there were any problems with your scheduled trip?
      Never 1 2 3 4 5 Always  □ No problems
   e. Did you find KV CAP’s telephone system easy to use?
      Poor 1 2 3 4 5 Excellent

Additional Comments


(Please turn over. More questions on page 2)
5. When you used our Van or Volunteer Driver Services:
   
   a. Did your Driver get you to your appointment on time?
   Never 1 2 3 4 5 Always
   
   b. Did your Driver treat you courteously?
   Never 1 2 3 4 5 Always
   
   c. Did your Driver assist you properly?
   Never 1 2 3 4 5 Always
   
   d. Did your Driver operate the vehicle safely and observe all traffic laws?
   Never 1 2 3 4 5 Always
   
   e. Was the vehicle clean and comfortable?
   Never 1 2 3 4 5 Always
   
   If you answered unfavorably to any of the above questions, please explain ______________
   ____________________________________________________________________________

6. If you could not use KVCAP Transportation Services, would you still be able to keep
   your medical or developmental appointments?
   Never 1 2 3 4 5 Always

7. Generally, can you count on KVCAP to provide the transportation services you requested?
   Never 1 2 3 4 5 Always

8. How would you rate the overall quality of KVCAP Transportation Services?
   Poor 1 2 3 4 5 Excellent

9. Do you have any suggestions on how we could improve our service to you? ___________
   ____________________________________________________________________________

Thank you for taking the time to answer this survey. If you have any questions, comments or
suggestions that were not addressed in this survey, please contact me at jimw@kvcap.org, 859-1564 or call the KVCAP Transportation Services office at:

859-1500
Toll Free
1-800-542-8227

Jim Wood, Transportation Director

It is not necessary for you to sign this form, but your signature would help us to evaluate the
performance of our office staff and drivers. All information that you provide in this survey
will be kept confidential.

Customer ________________________________ Date ____________