

**Transportation Services  
Customer Satisfaction Survey**

*KVCAP 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 KVCAP 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 KVCAP Transportation Services Office:**

*a. Did your call taker treat you courteously?*

Never 1 2 3 4 5 Always

*b. Did KVCAP set up your 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 KVCAP 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 KVCAP's telephone system easy to use?*

Poor 1 2 3 4 5 Excellent

*Additional Comments*

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**5. When you used our Van or Volunteer Driver Services:**

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*Friend & Family Driver users please skip to question 6.*

**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 \_\_\_\_\_