## IDD Services Satisfaction Survey

We want to know what you think of Denton County MHMR Center. We will use every response to this survey to improve our services.

Thank you.

Date:	Who is filling out this survey?  ☐ Individual in Services ☐ Parent or Guardian ☐ Family Member ☐ Other:		
Do you feel <u>respected</u> at De MHMR Center?	nton County	□YES □NO	<b>)</b>
Do you know your <u>rights</u> , or talk to about your rights?	know who to	□YES □NO	<b>o</b>
Do you know how to report a or exploitation?	buse, neglect,	□YES □NC	
Do staff <u>listen</u> to you?		□YES □NC	)
Does your service plan (PDF things that are important to	•	□YES □NC	)
Do you know how to make a	complaint?	TYES NC	)

Please turn over and complete other side



## IDD Services Satisfaction Survey

How do you feel about Denton County MHMR Center? Please circle one. Very Good Very Bad Bad Neutral Good What do you like about Denton County MHMR Center? What do you want to **change** at Denton County MHMR Center? Do you want to discuss your answers to this survey, or any concerns about

Please return this survey to Kayla Lusk, IDD Rights Protection Officer, at P.O. Box 2346 Denton TX 76202.

If yes, please write your name and phone number below.

**Denton County MHMR Center?** 

If you have questions or concerns, please call (940) 381-1770 or send an email to MargaretL@DentonMHMR.org

☐YES ☐NO