The Agency for Co-operative Housing

Client Satisfaction Survey

October 2008

Thank you for taking the time to complete this survey. All individual responses will be kept strictly confidential. Please mail the completed survey to:

COMPAS Research
Attn: Ms Cheryl Britt
1701-77 Bloor Street West
Toronto, ON M5S 1M2

Or by email to:
cbritt@compas.ca
Or by fax to:
416-598-0122
Attn: Ms. Cheryl Britt

Background Information

1. Your co-op's name: _____

2. How many housing units make up your co-op? _____

3. What province is your co-op in?_____

4. Are you the co-op's main contact for Agency?

   4.1. Yes [ ]
   4.2. No [ ]
   4.3. Not sure [ ]

5. Your position in the co-op (please check all that apply):

   5.1. Staff person or property manager [ ]
   5.2. Member of Board of Directors [ ]
   5.3. Other (please specify) [ ]

6. Funding program or programs under which your co-op operates (please check all that apply):

6.1.	Section 27 (formerly 15.1)/ Section 61 (formerly 34.18)	[ ]
6.2.	Section 95 (formerly 56.1)	[ ]
6.3.	FCHP (the ILM program)	[ ]
6.4.	Urban Native Program (Post-86/Post-85)	[ ]
6.5.	Post-85 Non-Profit (PEI)	[ ]

Agency Service

Here we ask about your co-op's most **recent** contact.

7. When was your co-op last in contact with the Agency? (please check one):

7.1.	Within the last six months	[ ]
7.2.	Between six months and one year ago	[ ]
7.3.	More than one year ago	[ ]

8. What was the reason for the contact? (please check one):

8.1.	Review of Annual Information Return and year-end financial statements	[ ]
8.2.	Agency annual reports to co-op (compliance, risk assessment, and co-op data)	[ ]
8.3.	Request for approval of replacement-reserve spending or plan	[ ]
8.4.	Question about subsidy calculation / RGI housing charges	[ ]
8.5.	Request for financial workout or approval of secondary borrowing	[ ]
8.6.	Administration of financial workout (e.g. workout advancing, annual budget approval)	[ ]
8.7.	Agency inspection of co-op's property	
8.8.	Post Year 15 Federal Assistance Review (ILM Co-ops)	[ ]
8.9.	Concern or complaint	[ ]
8.10.	Other. Please explain_____	[ ]

9. Think about the service your co-op received during its most **recent** contact with Agency. Please score how much you agree with each of the following statements where 1 means strongly disagree and 5, strongly agree.

1 = strongly disagree
2 = disagree
3 = neither agree nor disagree
4 = agree
5 = strongly agree
[Please insert N/A if you feel that you have no basis on which to answer a question]

9.1.	Staff were courteous	[ ]
9.2.	The Agency provided information and advice that helped us manage our co-op.	[ ]
9.3.	My co-op was treated fairly.	[ ]
9.4.	Agency staff went the extra mile to make sure we got what we needed.	[ ]
9.5.	We were told everything we needed to do to deal with the situation.	[ ]
9.6.	Agency staff were knowledgeable and competent.	[ ]
9.7.	We were able to get through to the right Agency staff person without difficulty.	[ ]
9.8.	It was clear what we should do if we had a problem.	[ ]
9.9.	We were served in the language we prefer.	[ ]
9.10.	Overall, we were satisfied with the amount of time it took to get the service.	[ ]

10. In your co-op's opinion, what is the **most important** reason you have had for contact with the Agency in the last two years? (please check one):

10.1.	Same as the most recent contact (indicated in 8 above) if yes, skip to question 12.	[ ]
10.2.	Review of Annual Information Return and year-end financial statements	[ ]
10.3.	Agency annual reports to co-op (compliance, risk assessment, and co-op data)	[ ]
10.4.	Request for approval of replacement-reserve spending or plan	[ ]
10.5.	Question about subsidy calculation / RGI housing charges	[ ]
10.6.	Request for financial workout or approval of secondary borrowing	[ ]
10.7.	Administration of financial workout (e.g. workout advancing, annual budget approval)	[ ]
10.8.	Agency inspection of co-op's property	
10.9.	Post Year 15 Federal Assistance Review (ILM Co-ops)	[ ]
10.10.	Concern or complaint	[ ]
10.11.	Other. Please explain_____	[ ]

11. Thinking about the **most important** reason your co-op has had for contact with Agency in the last two years, please score how much you agree with each of the following statements where 1 means strongly disagree and 5, strongly agree.

1 = strongly disagree
2 = disagree
3 = neither agree nor disagree
4 = agree
5 = strongly agree
[Please insert N/A if you feel that you have no basis on which to answer a question]

11.1.	Staff were courteous	[ ]
11.2.	The Agency provided information and advice that helped us manage our co-op.	[ ]
11.3.	My co-op was treated fairly.	[ ]
11.4.	Agency staff went the extra mile to make sure we got what we needed.	[ ]
11.5.	We were told everything we needed to do to deal with the situation.	[ ]
11.6.	Agency staff were knowledgeable and competent.	[ ]
11.7.	We were able to get through to the right Agency staff person without difficulty.	[ ]
11.8.	It was clear what we should do if we had a problem.	[ ]
11.9.	We were served in the language we prefer.	[ ]
11.10.	Overall, we were satisfied with the amount of time it took to get the service.	[ ]

12. For each of the following types of transactions or contacts, please indicate how many weeks the last transaction took and how many weeks it would be acceptable for such transactions to take. (Please insert N/A if not applicable).

	Number of **Weeks** it took (Please indicate <1 if less than one week)	**Weeks** that would be acceptable
Time from filing your Annual Information Return to receiving the Agency's reports		
Time from property inspection to receiving the Agency's report		
Time from sending in your budget to the Agency to receiving approval response		
Time from sending replacement reserve plan to the Agency to receiving approval response		
Time from informing the Agency of your concern or complaint to receiving the Agency's response		

13. Please repeat the same procedure for these transactions:

	Number of **Days** it took (Please indicate <1 if less than one day)	**Days** that would be acceptable
Time from asking for approval to spend from your replacement reserve to receiving approval		
Time for an initial response to a voicemail message you left asking the Agency a question		
Time for an initial response to an email message you sent to the Agency		

14. When your co-op contacted the Agency either by voicemail or by e-mail, if the first response was that your request could not be dealt with right away, were you told when to expect an answer or what was being done to follow up? Check "Yes", or "No" or "N/A".

	VOICE MAIL	E-MAIL
Yes		
No		
N/A		

15. Please score your satisfaction with each of the following aspects of Agency service on a 5 point scale where 1 means very dissatisfied and 5, very satisfied.

    15.1. The timeliness of Agency's service to your co-op [ ]
    15.2. The access your co-op has had to the Agency as administrator of your co-op's funding program [ ]
    15.3. The overall quality of service delivered by the Agency [ ]

Agency Communications

16. Please score your satisfaction with each of the following elements of Agency communication on a 5 point scale where 1 means very dissatisfied and 5, very satisfied. Please indicate N/A if you have not had the opportunity to observe or use a specific element of communication. Overall, how satisfied were you with the following?

16.1.	The Agency's methods of communication (e.g., e-mail, telephone, fax, mail)	[ ]
16.2.	The Agency's client website	[ ]
16.3.	The Agency's public website	[ ]
16.4.	The Program Guidelines on the public website	[ ]
16.5.	The e-bulletin	[ ]

17. Are there any comments or suggestions that you would like to make about the Agency's service to your co-op?

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