

**Crisis Intervention Services (CIS): Community Satisfaction Survey**

*Thank you for completing this evaluation of Crisis Intervention Services. We appreciate your input.  
Please mail your evaluation back to CIS at P.O. Box 1324; Cody, WY 82414. Attention: Executive Director  
Or fax to: 1-307-587-4353 Thank you! The staff of Crisis Intervention Services*

1. In the last 12 months have you or your office/agency had contact with Crisis Intervention Services?  
 yes  no If yes, at which Crisis Intervention Services office?  Cody  Powell

Please check all of the areas you or your office/agency had contact with Crisis Intervention Services.

- Protection Order assistance (Family Violence, Stalking, Sexual Assault)  
 Emergency room advocacy  Supervised Visitation/Custody Exchange program  
 Public education presentation  CIS volunteer or agency training  
 Crisis Hotline assistance  Civil Standby with law enforcement  
 Support group ( adult group and/or  children's group)  
 Other (please describe): \_\_\_\_\_

Did the CIS staff present themselves in a professional manner?  yes  no

Comments: \_\_\_\_\_

2. Have you or your office made referrals to CIS in the last 12 months?  yes  no
3. On a scale from 1 to 5 with 1 being poor and 5 being excellent, how do you rate the overall services of CIS in the community? (Circle one): 1 2 3 4 5
4. Do you view CIS as the primary source of services and information on Domestic Violence and Sexual Assault in the Park County community?  yes  no Comments: \_\_\_\_\_  
\_\_\_\_\_
5. Did CIS provide an educational or awareness presentation to your office/agency?  yes  no  
Who was the presenter? \_\_\_\_\_  
Topic of presentation: \_\_\_\_\_  
Comments on presentation materials, format, subject matter, etc: \_\_\_\_\_  
\_\_\_\_\_
6. Have you utilized the supervised visitation/exchange program at CIS?  yes  no  
Comments on the visitation/exchange program, staff, visitation site: \_\_\_\_\_  
\_\_\_\_\_
7. Other comments on CIS services, staff, or programs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Optional**

Name: \_\_\_\_\_ Agency/Office Name: \_\_\_\_\_  
Date: \_\_\_\_\_