

Your Employee Assistance Program (EAP)

Tell us what you think.....

We value your opinion!

Please mark your responses by marking the line corresponding to your answer.

Please complete after your last EAP session. If you so choose, you may complete the form on line at www.familyresources.net and click on the EAP Client Opinion button.

How satisfied were you with:

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Does Not Apply
1. the help you received when you called the local or 888 number?	_____	_____	_____	_____	_____
2. how easy it was to get the EAP services you needed?	_____	_____	_____	_____	_____
3. your EAP counselor?	_____	_____	_____	_____	_____
4. how the EAP services helped you resolve your problem?	_____	_____	_____	_____	_____
5. how EAP services helped you be more effective on the job?	_____	_____	_____	_____	_____
6. the overall services you received?	_____	_____	_____	_____	_____
7. Would you recommend the EAP to other employees	_____ Yes	_____ No			

Comments:

Name of EAP Provider: _____

Location of EAP Provider: _____

Your Employer: _____

Your EAP....It's Professional....It's Confidential

We care about what you think.

Please return this form to: **Family Resources of Greater Nebraska**
EAP Administrator
P.O. Box 5858
Grand Island, NE 68802

To contract the EAP directly please call: 308 381-7487 or 888 381-7487 (Toll Free)

Your feedback is very important to us and greatly appreciated.

Thank You.

