

Columbia

Community

Exchange

A mutual sharing of everyday services

Transaction and Service Evaluation Form

Please complete this form each time you **provide** service. It should be returned to the Community Exchange (CE) office within a week of the date of service, and no later than by the 30th of each month.

Mail 5851 Robert Oliver Place • Columbia, MD 21045

Fax 410-992-5723

Telephone 410-884-6121

Email communityexchange@columbiaassociation.com

Receiver's Name _____

Provider's Name _____

Service Provided _____

Date _____

Hours _____

In order to better serve you please evaluate your service experiences. All information will be kept confidential.

Overall would you rate the exchange? Excellent Good Fair Poor

Comments _____

How would you rate the coordination of the exchange? Excellent Good Fair Poor

Comments _____

How would you rate the service provider? Excellent Good Fair Poor

Comments _____

How would you rate the actual service/exchange? Excellent Good Fair Poor

Comments _____

How would you rate the reporting of the exchange? Excellent Good Fair Poor

Comments _____

How would you rate the communication from the CE office? Excellent Good Fair Poor

Comments _____

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What method of communication do you find helpful? (check all that apply.)

Newsletter Phone calls Visiting office Quarterly statements Email

Other, please explain. _____

How would you rate the CE office staff? Excellent Good Fair Poor

Comments _____

Please tell us if there anything the CE office can do to improve the recipient phase of service? _____

How do you prefer to spend your time dollars? One-on-one exchange Save for later use Donate

Other, please explain. _____

