

CONCERN: EAP Provider Satisfaction Survey

Please take a few moments to tell us how you feel about working with CONCERN. Your response is completely confidential and greatly appreciated. You may return the completed survey by FAX to **650-966-9240** (preferable) or mail it to **CONCERN: EAP, 1500 Grant Road, Ste.120, Mountain View, CA 94040**. You may also go online and download the survey from the CONCERN: EAP website and e-mail it to provider_relations@concern-eap.com

How would you rate CONCERN's commitment to excellent clinical service?
Excellent Very Good Good Fair Poor

How would you rate the availability of consultation at CONCERN?
Excellent Very Good Good Fair Poor

How would you rate the clarity of CONCERN's policies and procedures?
Excellent Very Good Good Fair Poor

How would you rate Concern's case-related paperwork (forms)?
Excellent Very Good Good Fair Poor

How would you rate the timeliness of your compensation?
Excellent Very Good Good Fair Poor

What is your licensure?
LMFT LCSW Psychologist Other _____

How many years have you been in practice?
 3 4 5 6 7 8 9
 10 11 12 12+

How many years have you been a CONCERN provider?
 1 or less 2 3 4 5 6 7
 8 9 10 11 12 12+

Do you contract with other EAPs?
 Yes No

How would you rate CONCERN in comparison to other EAPs?
Excellent Very Good Good Fair Poor

How would you rate the number of referrals you receive from CONCERN?

Too manyJust rightNot enough

Any comments or suggestions? (Feel free to add a page)

Your name (optional): _____

To speak to one of us in person, please call 800-344-4222 or 650-940-7100. Thank you for participating in this important survey.

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