**Nonprofit Customer Service**

**Secret Shopper Evaluation Form**

**(v. 08/17/2017)**

The purpose of this secret shopper exercise is to evaluate nonprofit customer service from the perspective of how the nonprofit would perform if it had to aggressively compete to win its clients. Consider your responses in this form as if you were a customer paying full cost for the services provided and assuming there is a competitive market for these services with other well run organizations competing for your patronage.

**Name of Organization**

**Location**

**Date of Experience Start/End Times of Experience**

**1 = Strongly disagree 2 = Disagree 3= Neutral 4 = Agree 5 = Strongly agree**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PHONE COMMUNICATIONS** | 1 | 2 | 3 | 4 | 5 | N/A |
| My call was promptly answered and I was quickly directed to the right person. |  |  |  |  |  |  |
| (If you accessed an automated phone system) The phone call routing system was easy to navigate and efficient. |  |  |  |  |  |  |
| The person who answered the phone was friendly and helpful. |  |  |  |  |  |  |
| If you were placed on hold, for how long was it? |  |
| What time did you call? |  |
| If you left a phone message, how long was it before your call was returned? |  |
| Explanations and comments: |
| **WEBSITE** | 1 | 2 | 3 | 4 | 5 | N/A |
| The website made it easy to find the information I wanted. |  |  |  |  |  |  |
| The website was appealing and presented the organization well. |  |  |  |  |  |  |
| The website made it easy to contact the organization for questions or assistance. |  |  |  |  |  |  |
| The website included a link to the organization’s IRS Form 990. |  |  |  |  |  |  |
| The website was geared toward the needs of the client, not just donors. |  |  |  |  |  |  |
| The website included a method for making confidential complaints. |  |  |  |  |  |  |
| Explanations and comments: |

**1 = Strongly disagree 2 = Disagree 3= Neutral 4 = Agree 5 = Strongly agree**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EXTERIOR** | 1 | 2 | 3 | 4 | 5 | N/A |
| The location was easy to find, with clear signage for the facility itself, parking and the personnel entrance. |  |  |  |  |  |  |
| The location is convenient to public transportation. |  |  |  |  |  |  |
| Parking was sufficient and close to the entrance. |  |  |  |  |  |  |
| The exterior was appealing and well maintained. |  |  |  |  |  |  |
| (If the service is located in a multi-tenant or multi-use facility) The other tenants or activities did NOT detract from the experience. |  |  |  |  |  |  |
| Explanations and comments: |  |  |  |  |  |  |
| **RECEPTION** | 1 | 2 | 3 | 4 | 5 | N/A |
| It was clear where you were to go and what you were to do to access services. |  |  |  |  |  |  |
| Reception signage and any lobby or entrance area materials were clear and customer friendly. |  |  |  |  |  |  |
| The reception area was professional and well maintained. |  |  |  |  |  |  |
| You were promptly greeted in a friendly and helpful manner. |  |  |  |  |  |  |
| You were given clear and appropriate instructions on how to proceed. |  |  |  |  |  |  |
| (If there is a waiting area) The furnishings were comfortable, clean and sufficient for the number of customers. There was appropriate entertainment provided to make the wait more enjoyable. |  |  |  |  |  |  |
| (If there was a wait for services) The method for queuing was efficient and customer friendly. |  |  |  |  |  |  |
| The reception area and experience made it easy for parents to supervise and keep their children entertained. |  |  |  |  |  |  |
| The temperature (if inside) and noise levels were comfortable. |  |  |  |  |  |  |
| Explanations and comments: |

**1 = Strongly disagree 2 = Disagree 3= Neutral 4 = Agree 5 = Strongly agree**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **RESTROOMS AND CONVENIENCES** | 1 | 2 | 3 | 4 | 5 | N/A |
| Restrooms were clean, comfortable and well supplied. |  |  |  |  |  |  |
| Drinking water was available and convenient. |  |  |  |  |  |  |
| (If total time at the facility was or often would be more than two hours) Meals or healthy snacks were available. |  |  |  |  |  |  |
| The quality and delivery of any foods was good. |  |  |  |  |  |  |
| Volunteers and staff were friendly and helpful when asked for help or directions for conveniences. |  |  |  |  |  |  |
| Explanations and comments: |
| **ACCESSIBILITY** | 1 | 2 | 3 | 4 | 5 | N/A |
| The entire facility is fully wheelchair accessible. |  |  |  |  |  |  |
| Signage and information necessary to utilize services are available in multiple languages. |  |  |  |  |  |  |
| The services can accommodate the visually impaired. |  |  |  |  |  |  |
| The services can accommodate the hearing impaired. |  |  |  |  |  |  |
| Explanations and comments: |
| **PROCESSING** | 1 | 2 | 3 | 4 | 5 | N/A |
| The forms or other materials you had to complete in order to receive services were clear and efficient. |  |  |  |  |  |  |
| You were provided the resources you needed to navigate any registration process. |  |  |  |  |  |  |
| Volunteers and staff were friendly and helpful in addressing any registration questions. |  |  |  |  |  |  |
| How long was it between when you entered and began the registration process? |  |
| How long did it take to complete the registration materials or process? |  |
| How long was it between when you entered and actually began receiving services? |  |
| Explanations and comments: |

**1 = Strongly disagree 2 = Disagree 3= Neutral 4 = Agree 5 = Strongly agree**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **RECEIVING THE SERVICE ITSELF** | 1 | 2 | 3 | 4 | 5 | N/A |
| The services provided met or exceed my expectations. |  |  |  |  |  |  |
| The services provided reasonably met the needs of the customer. |  |  |  |  |  |  |
| The facility’s service area was appealing, well maintained and clean. |  |  |  |  |  |  |
| The facility was well designed for the services provided. |  |  |  |  |  |  |
| Directions were always clear. |  |  |  |  |  |  |
| The people serving me appeared competent and credible. |  |  |  |  |  |  |
| The people serving me were genuinely interested in my wellbeing. |  |  |  |  |  |  |
| As I departed, I was thanked for coming or given a positive farewell. |  |  |  |  |  |  |
| (If a pantry) The quality of the food I received was good. |  |  |  |  |  |  |
| (If a pantry) The food I received was nutritious and appropriate. |  |  |  |  |  |  |
| (If a pantry) I received a good amount of fresh produce. |  |  |  |  |  |  |
| (If a pantry) I received enough food to help my family avoid hunger and poor nutrition. |  |  |  |  |  |  |
| (If a pantry) I was allowed to select items rather than being given a pre-set package. |  |  |  |  |  |  |
| (If a meal site) The meal I received was delicious. |  |  |  |  |  |  |
| (If a meal site) The meal I received was balanced nutrition. |  |  |  |  |  |  |
| (If a meal site) The quantity I received was appropriate. |  |  |  |  |  |  |
| (If a meal site) The furniture and materials were clean and comfortable. |  |  |  |  |  |  |
| (If a meal site) The food service experience was uplifting. |  |  |  |  |  |  |
| Explanations and comments: |
| **GENERAL OBSERVATIONS** | 1 | 2 | 3 | 4 | 5 | N/A |
| Staff and Volunteers demonstrated that they were glad I was using their services. |  |  |  |  |  |  |
| Staff and Volunteers actively sought to be helpful. |  |  |  |  |  |  |
| I was asked if my needs or expectations had been met. |  |  |  |  |  |  |
| A method was provided for confidential complaints. |  |  |  |  |  |  |
| At all times, I was treated with dignity and respect. |  |  |  |  |  |  |
| The operating hours are appropriate for the people served. |  |  |  |  |  |  |
| What are the hours of availability to the public? |  |
| Explanations and comments: |

*This form is available for you to freely use or customize for your specific application. For an electronic copy or to make suggestions, please email bgreene@houstonfoodbank.org.*