Captioned Telephone Service (CTS) Survey

If you use Washington Relay Captioned Telephone Service (CTS) or communicate with individuals who use CTS, we would appreciate a few moments of your time in completing the survey below. Your feedback is valuable and will be used to evaluate the quality of services provided.

WASHINGTON

For each of the following items, please select the answer which most clearly reflects your experience. In some instances, more than one selection may be applicable. If a question does not apply, simply check N/A.

Once completed, please fold this sheet into thirds, secure the open sides with clear tape and mail by April 30, 2017. The survey is self-addressed and postage is prepaid. You may also scan and email your completed survey to warelay@hamiltonrelay.com. To complete this survey online, www.HamiltonRelay.com/wasurvey.

Be sure to include your address so we can send you a free stylus pen!

Information collected through this survey will be combined and reviewed in an overall summary of results and will not be used to identify specific individuals.

1. In which city do yo	u reside?	
☐ CapTel 200	elephone do you presently h □ CapTel 800 □ Other:	
3. Have you since tran Telephone? If so, whi	_	ed Captioned Telephone to an Internet-based Captioned
•	□ CapTel 840i	□ CapTel 880i □ Other:
☐ Yes	phone or tablet with a Captic ☐ No	
5. Do you use your Ca □ Yes	aptioned Telephone on a regu	ılar basis?
6. Are you comfortab □ Yes	le using your Captioned Tele¡ □ No	ohone without assistance?
Telephone?	·	ndditional training on how to use your Captioned
□ Yes		
☐ Very Satisfied	'el of satisfaction with Washin ☐ Somewhat Satisfied ☐ Somewhat Dissatisfied	

9. I would like to see more outr businesses:	each and education about Relay and CTS services provided to these kinds of
☐ Financial Institutions	□ Government
☐ Educational Settings	☐ Health Facilities
☐ Retailers	□ Others:
10. Please share any additional suggestions you may have for f	feedback or experiences you may have regarding Relay or CTS service or any future products:
11. To receive your free stylus pen	, please include your name and address here:
12. Would you like to be added to	the Washington Relay and Hamilton Relay newsletter mailing lists?
☐ Yes ☐ No	



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL PERMIT NO. 5 MAIL AURORA, NE

POSTAGE WILL BE PAID BY ADDRESSEE

HAMILTON RELAY 1006 12TH STREET AURORA NE 68818-9903