Iowa Medical and Classification Center

Dear Visitor,

We value your feedback and strive to provide a positive experience. Please fill out the following survey and place it into the designated drop box. If you choose, your feedback can be completely anonymous – you do not need to provide your name/number. We appreciate your participation. If you have any questions or concerns and would like to be contacted about your experience please provide the following.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | Phone Number: | |  | | | |
|  |  |  | |  | | | |
|  | | Quality Rating | | | | | |
|  | | Very satisfied | Satisfied | | Average | Dissatisfied | Very Dissatisfied |
| Please rate your satisfaction for each the following (Place a check in the most appropriate box) | | | | | | | |
| Comfort | |  |  | |  |  |  |
| Allotted time of visit | |  |  | |  |  |  |
| Vending machine selections | |  |  | |  |  |  |
| Staff Professionalism | |  |  | |  |  |  |
| Time between your arrival and when visit occurred | |  |  | |  |  |  |
| Cleanliness and order (facility, visiting room, restrooms) | |  |  | |  |  |  |
| tell us who visits at IMCC | | | | | | | |
| In the last six months how many times have you been to IMCC to visit? | |  |  | |  |  |  |
| How many visitors are in your group? | |  |  | |  |  |  |
| How long do you spend on a average visit? | |  |  | |  |  |  |
| How far do you travel to visit? | |  |  | |  |  |  |
| What is the relationship to the person(s) you are visiting? | |  |  | |  |  |  |
| Help us improve | | | | | | | |
| What would improve your overall satisfaction with your visits at IMCC? | |  | | | | | |

**Iowa Department of Corrections:**

Vision: An Iowa with no more victims

Mission: To advance successful offender reentry to protect eh public, staff and offenders from victimization.

Values and Beliefs: People can change; Every person should be treated with dignity and respect; Our efforts help make people safer; We must work as a team if we are to succeed.

Please complete this form and e-mail to: [IMCCInfo@iowa.gov](mailto:IMCCInfo@iowa.gov?subject=Visitor%20Questionnaire)