

Telephone Service Checklist

Date of Evaluation: _____
Name of Evaluator: _____
Time(s) Test Calls were made:
a. _____
b. _____
c. _____

How many times did the phone ring before it was picked up?

If the evaluator was put on hold prior to being helped, how long was the person on hold? _____

Who was assigned telephone responsibility for the date(s) of the test?

Who answered the phones? _____

Comments about how the phone was answered:

- Was the person who answered the phone courteous?
- Was it clear that the caller had reached the Ombudsman Program?
- Was the information provided accurate and timely?
- If a referral was made, was the referral number accurate and appropriate?
- If a call back was promised, how long was it before the evaluator received a call? _____