



HELLENIC TRANSPLANT ORGANIZATION

**FORM CODE
FRM.160-1**

SATISFACTION QUESTIONNAIRE

Edition 1st

Effective Date: 01/11/2023

Dear Partners,

In the context of the continuous efforts that we all make to improve the quality of our services, we would like to ask you to fill in the following Questionnaire.

ORGANIZATION:..... **NAME (optional):**
DATE:/...../.....,

Please answer the following questions by marking your choice with ✓ and kindly add any comments

	Satisfactorily	Average	Unsatisfactorily
How do you rate the service you received from HTO regarding:	***	**	*
1. Speed/ Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ease of Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provision of Update/ Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any indications/ suggestions/ remarks that you think will help us get better:

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Thank you in advance for your cooperation.