

# Client Satisfaction Form

**Please help us improve our service to you by completing this survey.  
The entire survey will take approximately 15 minutes to complete.**

For each item identified below, circle the number to the right that best fits your judgment of its quality.

## A- Please rate your level of satisfaction with XXXX

	Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied Nor Dissatisfied	Somewhat Satisfied	Very Satisfied
1. <b>Responsiveness</b> – Time it took Office staff to answer your question or resolve your issue	1	2	3	4	5
2. <b>Understanding of needs</b> – Level of staff knowledge regarding your service needs	1	2	3	4	5
3. <b>Problem Solving</b> – How quickly and efficiently did staff respond to your request	1	2	3	4	5
4. <b>Politeness</b> – Staff were courteous and professional and treated you with respect	1	2	3	4	5
5. Staff gave you enough notice in case of change in your program or service	1	2	3	4	5
6. What's your expectation range to be notified about changes in your service or program	Less than 24 hours <input type="checkbox"/>	24 to 48 hours <input type="checkbox"/>	2 to 5 working days <input type="checkbox"/>	5 working days <input type="checkbox"/>	
7. Staff gave you adequate information regarding your request or service	1	2	3	4	5
8. How would you rate your experience in dealing with invoices and payments?	1	2	3	4	5
9. Do you have any suggestions on how to make the invoices and statements easier to understand?					
10. Which method you prefer better for your payments?	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Other <input type="checkbox"/> (Please specify)	
11. Overall how satisfied you were with the way your question or problem was resolved	1	2	3	4	5

What changes, if any, can we make to improve our communication efficiency?

**Please turn the page**

# Client Satisfaction Form

What service(s) you have received from Independence Australia-Community Solutions?

Attendant Care  
 Residential  
 Counselling & Psychology  
 Case Management  
 VaDa Creative Art Group  
 Post Polio Network  
 Other (Please specify):

## B-Please rate your satisfaction level for quality of service

	Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied Nor Dissatisfied	Somewhat Satisfied	Very Satisfied
1. <b>Preferences</b> -How satisfied you are with the way XX takes your needs and preferences into account?	1	2	3	4	5
2. <b>Reliability</b> -How satisfied you are with the reliability and type of support & assistance you receive from XX?	1	2	3	4	5
3. <b>Individual Needs</b> -How fulfilled are you with our service provision meeting your needs?	1	2	3	4	5
4. <b>Support Workers</b> -How satisfied you are with the way your support workers help you?	1	2	3	4	5
5. <b>Communication</b> -If you were not happy with the services you received, do you know who to contact to tell them about your concerns?				No	Yes
6. <b>Resolution</b> -If yes, how satisfied you were with the result?	1	2	3	4	5
7. <b>Service Delivery</b> -Overall, how satisfied are you with the services provided to you by XX	1	2	3	4	5

Please tell us why you feel that way

Do you have any other suggestions about how to improve the service or anything else to say about our service

## C-WE WOULD LIKE TO COLLECT SOME INFORMATION ABOUT YOU

- What is your gender? Male  Female
- Are you living in a Metropolitan- Melbourne  Regional- Victoria  Your Council:
- Which category describes your age? Below 35  35-50  51-64  Over 64
- Who is your primary funding body? TAC  DVA  DHS  Other  Please specify:
- What's your preferred communication method with office? Mail  Email  Telephone
- May we contact you about any of your responses? No  Yes  If yes, please provide your contact details in the boxes below:

## Client Satisfaction Form

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Name	Contact Number	Email address	
I would like my personal details to stay confidential and not forwarded to my direct service providers.			<input type="checkbox"/>

**Please return this form using the provided reply paid envelope by XXXXX**