

CLIENT SATISFACTION SURVEY

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| Service Accessed Service Type - Service Phase - Initial Planning |
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An important part of the role of a XXXX worker is to help you identify your goals and develop a plan to help you achieve them.

| Questions | Please circle your answer |
|--|---------------------------|
| Service Access | |
| 1) Were you allocated a worker within a reasonable time? | Yes No |
| 2) Did your worker give you more information about our service? | Yes No |
| Personal Information | |
| 3) Were you informed that your personal information would not be discussed with anyone without your consent? | Yes No |
| Individual Planning | |
| 4) Did your worker listen to you and encourage you to actively participate to develop a plan with you? | Yes No |
| 5) Did you choose who would be involved in the development of your plan? | Yes No |
| 6) Do you think that the plan looked at what you can do and what you would like to do and what supports that you need? | Yes No |
| 7) Was your plan written in a way that you could easily understand? | Yes No |
| 8) Did your worker help you to get the support you need? | Yes No |
| 9) Did your worker help you to make links with your community? | Yes No |

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|--|-----|----|
| Complaints | Yes | No |
| 10) Do you know how to make a complaint if you are not happy with the service you have received? | | |

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| 11) In general, were/are you satisfied with our service? | Yes | No |
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12) If there were one thing about the service you could change, what would it be?

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13) Please make any other comments you would like to

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Optional:

14) Country of birth

15) Language spoken at home

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| 16) Are you or the person that you support of Aboriginal or Torres Strait Islander descent? | Yes | No |
|---|-----|----|

Please return the completed survey in the pre-paid, self addressed envelope provided.

Please return by:

Thank you very much for your assistance