

Client Feedback Sheet

Date ____/____/____

Thank you for taking the time to complete this feedback sheet. We will use your comments to improve our services. This is a confidential document and names are not required.

Please tick the relevant box to record your answers to the following questions:

Do the services we offer meet your needs?

☐ Yes ☐ No ☐ Some

If your needs are not being met, what areas do we need to improve?

- | | |
|--|--|
| <input type="checkbox"/> Quality of service delivery | <input type="checkbox"/> Overall management and operations |
| <input type="checkbox"/> Meeting cultural needs | <input type="checkbox"/> Handling complaints/grievances |
| <input type="checkbox"/> Facilities/environment | <input type="checkbox"/> Safety and well-being |
| <input type="checkbox"/> Community participation | <input type="checkbox"/> General enquires and information |

What do you think we can do to improve in these areas?

Please list the specific area/s and your suggestions.

How do you feel about the staff in HelpStop? Tick one or more boxes.

- | | | |
|--|---|--|
| <input type="checkbox"/> Competent | <input type="checkbox"/> Very Competent | <input type="checkbox"/> Not Competent |
| <input type="checkbox"/> Very friendly | <input type="checkbox"/> Friendly | <input type="checkbox"/> Not friendly |

In what areas could staff improve to meet your needs?

- ☐ Job expertise/level of skills
- ☐ Cultural knowledge and skills
- ☐ Communication and listening skills
- ☐ Providing access to information
- ☐ Maintaining privacy and confidentiality
- ☐ Behaviour and attitudes
- ☐ Efficiency (things done on time)
- ☐ Providing feedback
- ☐ Working with other relevant agencies
- ☐ Meet individual needs

If an area is not listed above, use the space below for other suggestions.

What other improvements do you suggest for HelpStop?

If you would like to discuss any matters raised in the feedback sheet, please provide your name and contact number in the space below.

Thank you for your comments.