

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?

Quality of service delivery	Overall management and operations
Meeting cultural needs	Handling complaints/grievances
Facilities/environment	Safety and well-being
Community participation	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 our organisation? Tick one or more boxes.

Competent	Very Competent	Not Competent
Very friendly	Friendly	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

☐ Meet individual needs

Maintaining privacy and confidentiality

Behaviour and attitudes

Efficiency (things done on time)

Providing feedback

Working with other relevant agencies

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

What other improvements do you suggest for our organisation?

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.