



FEEDBACK FORM

CS SC would appreciate your feedback about her service, to assist in making improvements in the way services are provided.

Please rate (by ticking) each of the following statements from 1 to 5:

- 1** Completely disagree
- 2 Somewhat disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5** Strongly agree

N/A If you feel the question is not applicable to you

DK If you do not have enough information or provide an answer

It was easy to find the service.
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A <input type="checkbox"/> DK
The information about the service matched my service delivery experience
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A <input type="checkbox"/> DK
The wait time for service was reasonable
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A <input type="checkbox"/> DK
The service provision is flexible and responsive
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A <input type="checkbox"/> DK
The staff have high levels of skills and expertise
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A <input type="checkbox"/> DK
The service actively involves my carer and other family members.
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A <input type="checkbox"/> DK
Service planning includes consideration of my language and cultural needs.
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A <input type="checkbox"/> DK

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I am supported and encouraged to participate in my service planning.

1 2 3 4 5 N/A DK

I am encouraged and supported to be involved in the service's activities.

1 2 3 4 5 N/A DK

I have been supported to link in with other community organisations and services.

1 2 3 4 5 N/A DK

There are good feedback and complaints mechanisms in place.

1 2 3 4 5 N/A DK

I would recommend this service to other people

1 2 3 4 5 N/A DK

Christine Stammers Support Coordination
ABN- 507 4414 2546
Email: cs_sc@christinestammers.com
Mobile: 0409 684 893



FEEDBACK FORM

1. What do you like most about CS SC?

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2. What do you like least about CS SC?

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3. What suggestions do you have about ways that service could be improved?

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4. Do you have any other comments?

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FEEDBACK FORM

Would you like someone to contact you regarding the feedback you have provided on this survey? Yes No

(OPTIONAL) Your Name: **Phone number:**

Persons Name who may of helped you fill out this form

Their Contact Number

If filling this form out on your computer, please save it and then send it as an attachment to

cs_sc@christinestammers.com

If manually filling out this form, please either photocopy or take photos of it for your own records and you can either give to CS SC OR **mail it to PO Box 1243 North Lakes 4509.**

If you would like assistance with this form, please call Christine 0490 684 893

Record of form development		
Version	Date approved	Date for review
Version 1.1 2019	January 2019	January 2021
Version 1.2 2019	January 2019	January 2021
Version 1.3 2019	July 2019	July 2021
Version 1.4 2019	October 2019	October 2021

OFFICE USE ONLY	
Date Received	
Date Responded	
Date information placed into Feedback Planner	