

Kyabram Community and Learning Centre Client Satisfaction and Feedback Form



We would appreciate your time in completing this anonymous questionnaire about your experience of our services. We value your feedback as this supports the continuous improvement of our services. Thank you in advance.

1. Date: _____
2. Name of your family support worker (if known) _____
3. Please respond to the following questions by selecting the most appropriate option.

	Strongly agree	Agree	Disagree	Strongly disagree
I was treated with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt my privacy and confidentiality were respected at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt informed about my options and choices available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The place I received services from was a safe and supportive environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please respond to the following questions by selecting the most appropriate option.

	Excellent	Very good	Good	Fair	Poor
Access to the service was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My overall experience and satisfaction with the service provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. The service could be improved by:

6. Do you wish to discuss your feedback with a senior program manager or other representative from KCLC Family Services?
 - Yes. Please provide your name and contact number or email address below.
 - No

Contact details