

Participant Feedback Form

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	□ Som	e		
If your needs are not being met, what areas do we need to improve?					
Quality of service delivery			Overall management and operations		
□ Meeting c	ultural/religious	needs	Handling complaints/grievances		
□ Facilities/e	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.					





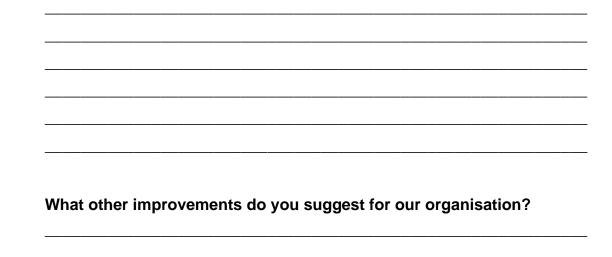
How do you feel about the staff in our organisation? Tick one or more boxes.

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

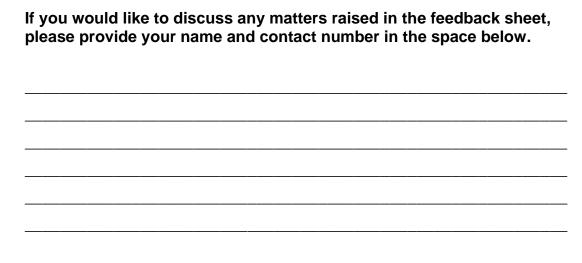
If an area is not listed above, use the space below for other suggestions.





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Thank you for your comments.

Our Feedback Form can now be completed online. Scan the QR Code below to complete the online Feedback Form and it will be sent directly to our Quality team.





