FORM

Client Satisfaction

Gladstone Region Aboriginal and Islander Community Controlled Health Service (GRAICCHS) t/a Nhulundu Health Service

Client Information	
Name	
Date of Birth	/ /
Phone Number	
Address	
Email Address	

Client Satisfaction

Please help us evaluate and continually improve the service GRAICCHS Family Wellbeing Service offers you. We are interested in your honest opinions about the support you received, whether they are positive or negative. We also welcome your comments and suggestions. Please take the time to answer this brief questionnaire regarding our service.

How would you rate the quality of support your family received? *Please Tick Your Response*

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Did you receive the type of help you required from the service? *Please Tick Your Response*

☐ Excellent ☐ Good ☐ Fair ☐ Poor

To what extent has the service met your requirements? *Please Tick Your Response*

☐ Excellent ☐ Good ☐ Fair ☐ Poor

How satisfied where you with the amount of support your and our family received? *Please Tick Your Response*

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Gladstone Region Aboriginal & Islander Community Controlled Health Service Ltd ACN. 610 044 641
27-29 Goondoon Street, PO Box 5158 Gladstone Q 4680
Phone. 07 4979 0992 | Fax. 07 4979 096
Email. info@nhulundu.com.au nhulundu.com.au

Has the service helped you to deal effectively with problems that arise in your family? *Please Tick Your Response*

☐ Excellent ☐ Good ☐ Fair ☐ Poor

If a family needed similar support, would you recommend our services to that family? *Please Tick Your Response*

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Overall general senses, how satisfied are you with the service your family have received? *Please Tick Your Response*

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Would you allow this service to help you and your family again? *Please Tick Your Response*

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Do you believe that all cultural requirements have been considered? *Please Tick Your Response*

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Comments or Suggestions

GRAICCHS Officer

Name	
Job Title	
Date	/ /
Signature	