



## FEEDBACK FORM

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Thank you for taking the time to complete this feedback form. 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?

- |  |  |
|--|--|
| <input type="checkbox"/> Quality of service delivery | <input type="checkbox"/> Overall management and operations |
| <input type="checkbox"/> Meeting cultural needs      | <input type="checkbox"/> Handling complaints/grievances    |
| <input type="checkbox"/> Facilities/environment      | <input type="checkbox"/> Safety and well-being             |
| <input type="checkbox"/> Community participation     | <input type="checkbox"/> 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.

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### How do you feel about the Directions staff? Tick one or more boxes.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Competent     | <input type="checkbox"/> Very Competent | <input type="checkbox"/> Not Competent |
| <input type="checkbox"/> Very friendly | <input type="checkbox"/> Friendly       | <input type="checkbox"/> Not friendly  |

### In what areas could staff improve to meet your needs?

- |   |  |
|---|--|
| <input type="checkbox"/> Job expertise/level of skills      | <input type="checkbox"/> Maintaining privacy and confidentiality |
| <input type="checkbox"/> Cultural knowledge and skills      | <input type="checkbox"/> Behaviour and attitudes                 |
| <input type="checkbox"/> Communication and listening skills | <input type="checkbox"/> Efficiency (things done on time)        |
| <input type="checkbox"/> Providing access to information    | <input type="checkbox"/> Providing feedback                      |
| <input type="checkbox"/> Meeting individual needs           | <input type="checkbox"/> Working with other relevant agencies    |

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

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What other improvements do you suggest for Directions?

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If you would like to discuss any matters raised in the feedback sheet, please provide your name and contact number in the space below.

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Thank you for your feedback.