

Client Monthly Feedback Form




Your Name (Optional):

Person Helping you complete this form (if required):

Date:

It's important we hear our client's feedback to ensure that our services continue or change to better suit your needs. Your feedback is private and will only be shared with the people you choose. These questions are based on the four DHS Standards which include, Empowerment, Access and Engagement, Participation and Wellbeing You can tick the boxes below and/or make comments or ask a support worker to help you use the attached enlarged symbols to provide feedback.

1. Do you wish to provide feedback this month?
2. Think about the service your received this month, how satisfied are you?

	 Happy	 Not Happy	 Don't Know
The service has made an effort to meet my individual needs			
Staff and the other service clients listen to and respect me			
The service is focussed on my individual goals including, being engaged in and part of my community			
Information is provided to help me make choices about the supports and services I receive			
I feel safe when I am accessing services from True Hands			



3. We value your True Hands feedback. Would you like to make any suggestions, provide feedback or give a complaint to True Hands this month?

   Don't Know	

4. Are you happy with the assistance you have received from your support workers/instructors this month?

   Don't Know	

5. Is there anything else you want to tell True Hands this month?

   Don't Know	

Thank you we really value your feedback this month