

Community Care Feedback Form

Community Care is committed to providing the highest level of service. Your feedback is valuable to us and will be used to improve our service delivery. The following questions are about the services that you have been receiving from Community Care. Please complete this form to help us improve our services.

Please fill in personal details below or you can choose to stay anonymous.

_	otional)				
Name					
Address:					
Со	ntact number/s:				
ı.	Which one of our services is your feedback a				
	 ☐ Home Care ☐ Personal Care ☐ Respite Care ☐ Meals on Wheels ☐ Property Maintenance ☐ Administration Staff 	☐ Case Management ☐ Assessment ☐ Management ☐ Gnets Service ☐ Volunteers			
2.	Are you satisfied with your staff member? Yes No Please explain:				
3.	Are you satisfied with the day and time that	you receive support?			
	☐ Yes —				
	□ No				
	Please explain:				



4	4. How would you rate your satisfaction with the following aspects of the s	arvices you are receiving?
4.	4. How would you rate your satisfaction with the following aspects of the s	ervices you are receiving:

	Very satisfied	Satisfied	Unsatisfied	Very unsatisfied	Not sure
Quality of					
services					
provided					
Professionalism					
and courtesy of					
staff/worker					
Timeliness of					
services					
provided					

5.	How satisfied are you <u>overall</u> with the services you receive?				
	☐ Very satisfied				
	☐ Satisfied				
	☐ Unsatisfied				
	☐ Very unsatisfied				
	□ Not sure				
6.	What do you think we could do to improve our services?				

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

Gannawarra Shire Council Community Care Services.

