



# Client Survey Form

## 02-FRM-003

<https://www.surveymonkey.com/r/>

ZSMYQ6L

Date of Service:		Date of feedback:	
Client Name (optional):			
<p><i>We would love for you to tell us about your experience with us. Please tick the box that best describes your experience of using our centre. This is a confidential survey and does not affect, in any way, our service to you.</i></p>			

**TASC Service:**  Toowoomba Appointment  Ipswich  Roma  Phone/Video

Service(s) provided (please tick)

- Family Law     Criminal Law     Civil Law     Elder Law     Referral/Information  
 Advocacy     Social Services     Referral/Information     QSTARS     Other

**Age Group:**  Under 18    18-34    35-49    50-64    65 & over    N/A (Service providers)

**Gender:**  Male  Female  Non-binary    **Are you of Aboriginal or Torres Strait Islander origin?**  Yes  No

### How did you find out about TASC?

- Internet     Radio/TV  
 Work of Mouth Provider     Local Service  
 TASC Website     Other

### How satisfied were you with the service you received from TASC?

- Very satisfied     Satisfied  
 Neither satisfied nor dissatisfied  
 Dissatisfied     Very dissatisfied

### How useful was the assistance that you received from TASC?

- Extremely useful    Very useful    Somewhat useful  
 Not very useful    Not at all useful    other

### Did you find the service friendly and welcoming?

- Extremely friendly    Very friendly    Somewhat  
 Not very friendly    Not at all friendly    Other

### Did you find the service at TASC friendly and welcoming?

- Extremely    Very    Somewhat    Not Very  
 Not at all    Other

### Can you write a few words to describe your experience & recommendations for improvement?

Endorsement date: 02/09/2015    Person Responsible:

Version number: 3.1    Version date: 5/1/2021

Review period: 2 yearly    Next review date: Jan 2023

### How likely are you to recommend TASC Service?

- Very likely    Likely    Neutral  
 Unlikely    Very unlikely    Other

### Were you born in Australia?

Yes    No if no were \_\_\_\_\_

### Do you have a disability?

Yes     No

### Was the service sensitive to your cultural background?

Yes     No     Not applicable

### Did you need any cultural/personal support to assist you? (for example, interpreter assistance, accessibility support)?

Yes     No

Support: \_\_\_\_\_

If you received personal/cultural support from TASC how satisfied were you with the support you received?

- Very satisfied     Satisfied  
 Neither satisfied/dissatisfied     Very dissatisfied

Chief Executive Officer

Dissatisfied applicable

Not

<b>Office use only</b>	Enter onto Survey Monkey:
<b>Initial action taken (attach further sheets if necessary)</b>	
By Whom (print name):	Date:
<b>Response given to person making feedback</b>	
By Whom (print name):	Date:
<b>Follow up action to prevent re-occurrences (if relevant):</b>	
By Whom (print name):	Date:
<b>To be completed by QA</b>	
Feedback logged in feedback register: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Recommendations added to Continuous Quality Improvement Register (where relevant)</b>	
<b>Details of feedback/recommendations communicated to the Management Committee (where relevant)</b>	
By Whom (print name)	Date: