



UNITED HOME CARE AUSTRALIA PTY LTD

CLIENT FEEDBACK FORM

Thank you for using the services and supports provided through United Home Care Australia. It is a great pleasure to support you. Please provide us with your honest feedback. Your feedback helps us to continually improve.

Your details

First Name		Surname	
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Is this the first time you have used our service?

Yes

No

Preferred method of contact: Please select one or more of the below methods

If you have any special communication needs (e.g. interpreter) please provide details below.

<input type="checkbox"/> Home Phone		<input type="checkbox"/> Work phone	
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<input type="checkbox"/> Mobile		<input type="checkbox"/> Other	
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<input type="checkbox"/> Email			
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From the services you have received, which ones have you been satisfied with, and why?

Service Name	Comments on why you were satisfied with this service

Were you happy with the way the Support workers cared for you?

Average Satisfactory Good Excellent

Was the information we provided you easy to understand?

Yes No, if not why?

Did the Support team listen, learn, and then execute solutions to overcome challenges?

Yes No, if not why?

The overall service was ...

Less than expected As expected More than expected Consistently more

Would you recommend us to a friend?

Yes

Please tell us how we can improve our services
Comments / Testimonial:

Document revision history

Version	Date	Comments	By whom?
V1	18/09/18	Date developed	BD
V2	2405/19	Change in company name, logo and reformatted document	BD