

Quality improvement feedback form

At Community Solutions Group we strive to ensure that our services are of the highest quality and continuously meet the needs of those we support. Your honest feedback and suggestions are always appreciated, as they enable us to further enhance and develop our services.

About you

Title: (Mr/Mrs/Miss) _____ Name (optional): _____

Are you: A person accessing Community Solutions Group services A family member
 A member of the public Other

Would you like for someone to contact you to discuss your feedback further? _____

If yes, please provide your phone, email or postal contact details: _____

Which of Community Solutions Group services does your feedback relate to? (You may tick more than one)

- | | | |
|---|--|--|
| <input type="checkbox"/> <i>jobactive</i> | <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Transition to Work |
| <input type="checkbox"/> Disability Employment Services | <input type="checkbox"/> Specialist Services | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Employment & Training | <input type="checkbox"/> Family Wellbeing Services | _____ |
| <input type="checkbox"/> Apprenticeships and Traineeships | <input type="checkbox"/> Youth Services | |

How would you rate your experience with Community Solutions Group?

Very positive Positive Negative Very negative

How well do Community Solutions Group services meet your needs?

Very well Well Not well Very poorly

What do you believe Community Solutions Group does well?

What do you feel Community Solutions Group could do better?

Thank you for your feedback.

Our feedback forms are cleared at a minimum of weekly. If you have indicated that you would like to discuss your feedback in more detail, you can expect to be contacted within five business days.

