



Customer Feedback Day Club

Did we meet your needs?

We are committed to providing you with the best possible service. We value your feedback and use it to make improvements to the service we offer you.

We would appreciate if you would answer the following questions and also make any comments. For those questions that may not be applicable to you please leave blank.

Thinking about the organization of the care you receive, how satisfied are you with the following?

Please tick your response below (√)

	Very Satisfied	Moderately Satisfied	Moderately Unsatisfied	Very Unsatisfied
1. The range of activities offered at the Day Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The days and times that are available for you to attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ability of the centre to meet your particular preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The range of outings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The meals/ food provided whilst at the centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The reliability and convenience of the transport provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overall, how satisfied are you with the Day Centre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any suggestions as to how we may improve this service?

Would you recommend this service to others? Yes No

If you would prefer to discuss your feedback with a member of staff please call on

Thank you for your time, your feedback is very much appreciated.

Please return to _____ by _____

Service Name _____ Contact number _____
Email: info@amanaliving.com.au