

Feedback Form

Gladstone Women's Health is committed to continuous improvement of its services. Client feedback will remain confidential and managed in accordance with our privacy and confidentiality policies and Queensland legislation. Please ask our staff if you would like a copy of our policies. Feedback can be given anonymously if you prefer.

Your relationship with GWHC ☐ Client ☐ Community Member ☐ Other (please specify)						☐ Other Service Provider ———					
How did	l you he	ar about	our servi	ce?							
☐ Social Media				\square Word of Mouth				\square Other Service Provider			
□ Website				☐ Brochure				☐ Court/Police			
☐ Oth	er (pleas	se specify)								
What do											
What do	o we nee	ed to imp	rove?								
How like											
0	1								9 □	10	
☐ Women's Health Clinic ☐ DV Emergency Support						☐ Security Upgrade					
How do	you rate	e the serv	vices prov	∕ide by G	WHC? (0) = Poor /	10 = Ou	ıtstandin	g)		
0	1	2	3	_		6 □	7 □	8	9 □	10 □	
Other fe	edback/	/suggesti	ons?								
	☐ Web ☐ Oth What do ☐ What do ☐ What Go ☐ Cou ☐ Woo ☐ Oth How do O ☐ Other fe	☐ Website ☐ Other (please What do we do What do we need How likely are year 0 1 ☐ ☐ What GWHC ser ☐ Counselling ☐ Women's Hear ☐ Other (please How do you rate 0 1 ☐ ☐ Other feedback/	☐ Website ☐ Other (please specify What do we do well? What do we need to imp How likely are you to rece 0 1 2 ☐ ☐ ☐ What GWHC service(s) do ☐ Counselling ☐ Women's Health Clin ☐ Other (please specify How do you rate the servent of the	□ Website □ Other (please specify) What do we do well? What do we need to improve? How likely are you to recommend 0 1 2 3 □ □ □ □ What GWHC service(s) does this for □ Counselling □ □ Women's Health Clinic □ □ Other (please specify) How do you rate the services prove 0 1 2 3 □ □ □ □ □ □ Other feedback/suggestions? Name (optional)	□ Website □ Brochure □ Other (please specify) □ What do we do well? □ What do we need to improve? □ How likely are you to recommend our served □ 0 1 2 3 4 □ □ □ What GWHC service(s) does this feedback □ □ □ DV Emercian □ Women's Health Clinic □ □ DV Emercian □ Other (please specify) □ □ □ How do you rate the services provide by Good of the please specify □ □ □ Other feedback/suggestions? □ □ □ Name (optional) □ □ □ □	□ Website □ Brochure □ Other (please specify) □ What do we do well? □ What do we need to improve? □ How likely are you to recommend our services to a one of the commend our servic	□ Website □ Brochure □ Other (please specify) □ What do we do well? □ What do we need to improve? □ How likely are you to recommend our services to a friend or 0 0 1 2 3 4 5 6 □ □ □ □ What GWHC service(s) does this feedback relate to? □ □ □ Counselling □ Education/Workshop □ DV Emergency Support □ Women's Health Clinic □ DV Emergency Support □ □ 0 1 2 3 4 5 6 □ □ 0 1 2 3 4 5 6 □ □ □ □ Other feedback/suggestions? □ □ □ □ □ □ □ Name (optional)	□ Website □ Brochure □ Co □ Other (please specify) □ What do we do well? What do we need to improve? How likely are you to recommend our services to a friend or relative? 0 1 2 3 4 5 6 7 □ □ □ □ □ □ □ □ What GWHC service(s) does this feedback relate to? □ Counselling □ Education/Workshop □ Co □ Women's Health Clinic □ DV Emergency Support □ Sec □ Other (please specify) How do you rate the services provide by GWHC? (0 = Poor / 10 = Oc 0 1 2 3 4 5 6 7 □ □ □ □ □ □ □ □ Other feedback/suggestions? Name (optional) □ Contact (optional) □ Contact (optional) □ Contact (o	Website	□ Website □ Brochure □ Court/Police □ Other (please specify) □ What do we do well? What do we need to improve? How likely are you to recommend our services to a friend or relative? 0 1 2 3 4 5 6 7 8 9 □ □ □ □ □ □ □ □ □ What GWHC service(s) does this feedback relate to? □ Counselling □ Education/Workshop □ Court Support Service □ Women's Health Clinic □ DV Emergency Support □ Security Upgrade □ Other (please specify) How do you rate the services provide by GWHC? (0 = Poor / 10 = Outstanding) 0 1 2 3 4 5 6 7 8 9	