

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.

1. Your relationship with GWHC

- Client
 Community Member
 Other Service Provider
 Other (please specify) _____

2. How did you hear about our service?

- Social Media
 Word of Mouth
 Other Service Provider
 Website
 Brochure
 Court/Police
 Other (please specify) _____

3. What do we do well? _____

4. What do we need to improve? _____

5. How likely are you to recommend our services to a friend or relative?

- | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. 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) _____

7. How do you rate the services provide by GWHC? (0 = Poor / 10 = Outstanding)

- | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Other feedback/suggestions? _____

9. Name *(optional)* _____ Contact *(optional)* _____

10. Would you like us to phone you to discuss your feedback? Yes No