

# FORM - PARTICIPANT FEEDBACK



<b>Participant Name:</b> <i>(Optional)</i>		<b>Date:</b>	
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Thank you for taking the time to complete this feedback sheet. We will use your comments to improve our services. This is a confidential document, and names are not required.

<b>Please check the relevant box to record your answers to the following questions:</b>	
<b>Do the services we offer/provide meet your needs?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some  <i>If your needs are not being met, what areas do we need to improve?</i>  <input type="checkbox"/> Quality of Service Delivery <input type="checkbox"/> Overall Management and Operations <input type="checkbox"/> Meeting Cultural Needs <input type="checkbox"/> Handling Complaints/Grievances <input type="checkbox"/> Facilities/Environment <input type="checkbox"/> Community Participation <input type="checkbox"/> General Enquires and Information <input type="checkbox"/> Safety and Well-being
<b>What do you think we can do to improve in these areas?</b> <i>Please list the specific area/s and your suggestions.</i>	
<b>How do you feel about the staff in our organisation? (Check one or more boxes)</b>	<input type="checkbox"/> Competent <input type="checkbox"/> Very Competent <input type="checkbox"/> Not Competent <input type="checkbox"/> Very Friendly <input type="checkbox"/> Friendly <input type="checkbox"/> Not friendly
<b>In what areas could staff improve to meet your needs?</b>	<input type="checkbox"/> Job Expertise/Level of Skills <input type="checkbox"/> Cultural Knowledge and Skills <input type="checkbox"/> Communication and Listening Skills <input type="checkbox"/> Providing Access to Information <input type="checkbox"/> Meet Individual Needs <input type="checkbox"/> Privacy and Confidentiality <input type="checkbox"/> Behaviour and Attitudes <input type="checkbox"/> Efficiency (Things Done on Time) <input type="checkbox"/> Providing Feedback <input type="checkbox"/> Working With Other Relevant Agencies  <i>If an area is not listed above, use the space below for other suggestions.</i> <hr style="border: 1px solid black; margin-top: 10px;"/> <hr style="border: 1px solid black; margin-top: 10px;"/> <hr style="border: 1px solid black; margin-top: 10px;"/>
<b>What other improvements do you suggest for our organisation?</b>	
<b>Overall, have you been satisfied or dissatisfied by the services that are being provided to you.</b>	

*If you would like to discuss any matters raised in the feedback sheet, please provide your name and contact number in the space below.*

<b>Name:</b>	
<b>Contact number:</b>	
<b>Email Address:</b>	

**Thank you for your time and comments in this feedback form.**

Kindest Regards,

Silverlining SA