

Customer Feedback Form



At Chorus we are constantly striving to improve the services we provide to our valued customers. Your feedback helps us understand what we are doing well and what we need improve on.

PLEASE SELECT WHICH SERVICES YOU ARE CURRENTLY RECEIVING FROM CHORUS:

Domestic Assistance

Transport

Gardening/Home Maintenance

Social Support

Personal Care

Food Services

Respite

Day Centre

Mental Health

Employment Services

Life Skills Training

Other (please specify):

PLEASE RATE THE FOLLOWING:

How would you rate the overall service you receive from our staff and volunteers?

1 2 3 4 5 6 7 8 9 10



Very Poor

Poor

Average

Good

Excellent

How would you rate the level of respect and courtesy from the staff delivering your services?

1 2 3 4 5 6 7 8 9 10



Very Poor

Poor

Average

Good

Excellent

How easy is it to schedule or reschedule appointments and services?

1 2 3 4 5 6 7 8 9 10



Very Hard

Hard

Average

Easy

Very Easy

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How often does your scheduled service/appointment start on time?

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"/>

←—————→

Never on time Some of the time Most of the time Always on time

How likely is it that you would recommend our services to friends and family?

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"/>

←—————→

Unlikely Somewhat likely Extremely likely

DO YOU HAVE ANY OTHER GENERAL COMMENTS ABOUT OUR SERVICE?

If you would like to speak to someone about your feedback, please provide your details below and someone will contact you.

Name:

Phone Number:

Thank you for taking the time to provide your feedback.