

Customer Feedback Form



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

Please select which services you, or the person you support 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 from our staff and volunteers?

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"/>
←								→	
Very Poor		Poor		Average		Good		Excellent	

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

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"/>
←								→	
Very Poor		Poor		Average		Good		Excellent	

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

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"/>
←								→	
Very Hard		Hard		Average		Easy		Very Easy	

Customer Feedback Form



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 others?

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 your experience with Chorus?

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.