

Our Services

Home and Property Maintenance



Personal Support and Respite



Community Transport



Social Activities



Stay Active



City of Burnside Home Support Program

Feedback Form

The City of Burnside Home Support Program is keen to receive your feedback about the services you receive.

Your feedback assists us to continually improve the way we do things so that our services meet your needs. All information received from you will be kept confidential. If you would like further information on how the Home Support Program protects your personal information please contact us.

Thank you for your feedback.

Please return your feedback form in a City of Burnside reply paid envelope.

Alternatively, you may like to provide feedback by:

Phone: 8366 4193

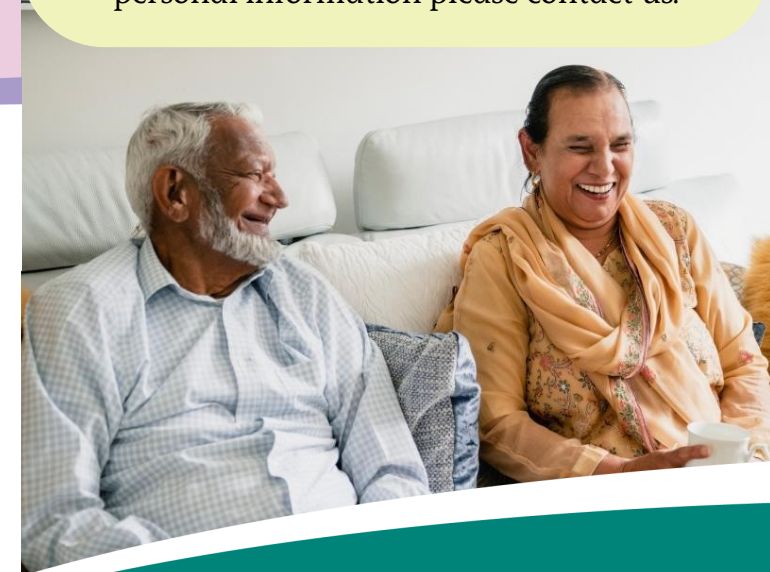
Email: chsp@burnside.sa.gov.au



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Disclaimer: Although funding for this Home Support Program has been provided by the Australian Government, the material contained herein does not necessarily represent the views or policies of the Australian Government.



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www.burnside.sa.gov.au

Which type of home service, social group or transport service would you like to provide feedback about?

Overall, how would you rate the service?

(please circle)



Excellent



Good



Ok



Poor

How would you rate the customer service from the support worker/contractor/group facilitator?

(please circle)



Excellent



Good



Ok



Poor

How would you rate the customer service from the office staff who handle your enquiries? (please circle)



Excellent



Good



Ok



Poor

How would you rate the standard of work you receive, or the group you participate in? (please circle)



Excellent



Good



Ok



Poor

Do you have any comments to support your ratings?

Do you feel that your individual preferences and choices are listened to when you request and receive services? (please circle)



Yes

or



No

Comments:

Do you feel that the services you receive improve your health and wellbeing? (please circle)



Yes

or



No

Comments:

Do our services maintain your dignity and respect?

(please circle)



Yes

or



No

Comments:

Do you have any suggestions on how services could be improved?

Do you have any other comments regarding the Burnside Home Support Program?

Your Details

Name: _____

Phone: _____

Email: _____

Signature: _____

Date: _____