



Client Feedback Form

Your feedback is important and can assist us to improve our services for you and other people.
 It also helps us measure our performance against the Client Charter.
 If you need assistance in completing please ask any one of the staff.

Please tick boxes as appropriate

- Male Female AGE: Under 21 21 - 35 36-50 51-65
 66-79 80 & over

The service(s) you are commenting on: (Please circle the specific area e.g. youth if there are choices identified)

- | | |
|---|--|
| <input type="checkbox"/> Reception | <input type="checkbox"/> Groups (Keeping Going, Family & Friends, Playgroup) |
| <input type="checkbox"/> Assessment and Intake | <input type="checkbox"/> Counselling (youth, family, individual) |
| <input type="checkbox"/> Withdrawal (youth, adult, non-residential) | <input type="checkbox"/> Forensic |
| <input type="checkbox"/> CATALYST | <input type="checkbox"/> Other _____(please specify) e.g. Chaplain |

1. How did you find out about ReGen?

- | | |
|---|---|
| <input type="checkbox"/> Friends or Family | <input type="checkbox"/> Used the service before |
| <input type="checkbox"/> Referred by GP | <input type="checkbox"/> Direct Line |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Website |
| <input type="checkbox"/> Referred by Other Professional | <input type="checkbox"/> Other Method _____(please specify) |

2. Did you experience any difficulties in accessing our services?

- Yes No Sometimes

Comments: _____

3. Were you provided with the information you needed to make decisions about your treatment?

- Yes No Sometimes

Comments: _____

4. Was your progress discussed with you?

- Yes No Sometimes

Comments: _____

5. Were you treated with respect and dignity?

Yes No Sometimes

Comments: _____

6. Overall, did the service meet your needs?

Yes No Sometimes

Comments: _____

7. Your experience can help others:

What is one thing that you liked about ReGen?

What is one thing that ReGen could do better?

8. Overall, how satisfied were you with the services provided? (Please circle the number that best matches your response)

1	2	3	4	5
Not at all	Not really	Somewhat	Mostly	Completely

Any further comments:



Please place your feedback form in the Feedback Box located at each of our sites
or Post to UnitingCare ReGen 26 Jessie Street, Coburg, 3058

*If you have a complaint that you want to follow up further
information to assist you is available at Reception, or on our website: www.regen.org.au*