

As a valued Customer, we are keen to get your feedback on your latest experience with us. Your input will assist us in improving our services and how you experience it. Please take a few minutes to complete this short survey. The information provided will be treated as private and confidential. Thank you!

1. Which ILC service/s did you have contact with? (You can tick more than one)

- | | |
|--|--|
| <input type="checkbox"/> Assistive Technology Service | <input type="checkbox"/> Commonwealth Respite & Carelink Centre (CRCC) |
| <input type="checkbox"/> Goods, Equip & AT Services (GEAT) | <input type="checkbox"/> Equipment Grants Program |
| <input type="checkbox"/> Hire of Equipment (ILC Hire) | <input type="checkbox"/> Community Allied Health Service |
| <input type="checkbox"/> Communication Technology Service (CAEP AAC) | <input type="checkbox"/> Allied Health Therapy in the School |
| <input type="checkbox"/> Occupational Therapy Driver Assessment | <input type="checkbox"/> NDIS Clinical Assessment |
| <input type="checkbox"/> Home Modifications | <input type="checkbox"/> Other: _____ |

2. Do you agree or disagree with the following statements?

	Agree	Disagree	N/A
Staff communicated in a clear manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff respected my privacy & confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff were open to feedback/complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. On your initial contact with the ILC, please rate us on how well we did.

Very good (with an immediate response)	Good (with a same day response)	Average (1-2 days for a response)	Poor (2 days or longer for a response)	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On your recent interaction with the ILC

4. How satisfied did you feel with our staff's understanding of your needs?

0	1	2	3	4	5	6	7	8	9	10
Unsatisfied										Very Satisfied

5. How satisfied did you feel that our services met your needs?

0	1	2	3	4	5	6	7	8	9	10
Unsatisfied										Very Satisfied

6. Please rate how the service(s) helped you make an informed decision.

0	1	2	3	4	5	6	7	8	9	10
Unhelpful										Very helpful

7. How likely is it that you would recommend the ILC?

0	1	2	3	4	5	6	7	8	9	10
Not at all likely										Extremely likely

Consumer Feedback Survey continued

8. Did your experience with the ILC make a difference in your life in any way? Please share your story here.	9. Have thoughts on how we can improve our services so you can have a better experience? We would love to hear from you.

This section is optional

Please tick this box if you would like to be contacted to provide further feedback.

If you haven't subscribed to our mailing list already, we would like to invite you to join our mailing list to receive news, updates and information about events.

I'm already on your mailing list.

Yes, I'd like to join your mailing list.

Not today, thank you.

Please subscribe online directly via www.ilc.com.au/subscription or complete the details below:

Name:

Email:

Suburb:

Phone:

We thank you for completing our feedback survey!

If you have any further questions, please reach out to one of our staff or ring us on (08) 9381 0600.

If you're returning this completed form by post, please send it through to: Independent Living Centre, The Niche, Suite A, 11 Aberdare Rd, Nedlands WA 6009