

Consumer Feedback Survey

Autism West is committed to providing you with high quality services.

We encourage and appreciate your feedback. Please take a few minutes to tell us what you thought of our services by completing our feedback survey. If you need assistance completing this survey, please call (08) 9431 2111. Please return your completed form to us: via email at info@autismwest.org.au or via post to Autism West, PO Box 255, SOUTH FREMANTLE WA 6162

**Note: Your feedback and information will be treated as private and confidential unless you nominate otherwise.*

1. How satisfied were you with the staff at Autism West?

- Very Satisfied (staff understood my needs)
- Satisfied (staff mostly understood my needs)
- Unsatisfied (staff did not understand my needs)

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

- Very Satisfied (staff understood my needs)
- Satisfied (staff mostly understood my needs)
- Unsatisfied (staff did not understand my needs)

3. Please rate how helpful the information was that you received?

- Very Helpful (informed my decision making)
- Helpful (partially informed my decision making)
- Unhelpful (did not inform my decision making)

4. If you or your child enrolled in one of our social groups, how did you find the enrolment process?

- Very easy
- Easy
- Somewhat difficult
- Difficult

Any comments?

5. How satisfied were you/ your child, with our social groups?

- Very Satisfied (staff understood my needs)
- Satisfied (staff mostly understood my needs)
- Unsatisfied (staff did not understand my needs)

Please advise the reason for your response above and leave the name and suburb of the social group.

6. Can you suggest any ways we could improve our services in future?

7. What services, information, events, or other would you like to see provided by Autism West in the future?

8. Would you be willing to provide a testimonial about Autism West? If yes, please leave your comment below.

Name (optional): _____
Do you authorise Autism West to share your testimonial publicly on their website and across social media?
Yes / No

Optional

Would a representative from Autism West be able to contact you to discuss your feedback?

Name: _____
Preferred contact (Phone/Email/text message): _____
Preferred day/time to be contacted: _____

Do you wish to join the Autism West mailing list to receive updates on our services? **Yes / No**

If yes, please provide your name and email address:

Thank you for taking the time to complete our consumer feedback survey.