

Client Feedback Form

[ ]  MAP [ ]  Outreach [ ]  Homelessness [ ]  LTW/ LRHOH [ ]  Mental Health [ ]  AOD Counselling

[ ]  AOD Support Work

Age Group [ ]  0-18 [ ]  18-25 [ ]  25-35 [ ]  35-45 [ ]  45+

Did you find the service culturally appropriate and safe?

[ ]  Yes [ ]  No

Did you feel that you were supported by ASG?

[ ]  Yes [ ]  No

Was the ASG worker friendly and helpful?

[ ]  Yes [ ]  No

Do you feel your needs were met by the specific service accessed?

[ ]  Yes [ ]  No

Did you feel comfortable coming into the ASG office? If no why?

[ ]  Yes [ ]  No

Do you have any other feedback?

Complaints, compliments, improvements or anything else we could do better with our services provided?

[ ]  Yes [ ]  No