

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