

CLIENT SATISFACTION SURVEY (CONFIDENTIAL*)
North Australian Aboriginal Justice Agency

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| STAFF MEMBER: | DATE: |
|----------------------|--------------|

Could you please indicate below your satisfaction level with the legal representation you received:

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|---|--|
| <input type="checkbox"/> <input type="checkbox"/> I was very satisfied | <input type="checkbox"/> <input type="checkbox"/> I was unsatisfied |
| <input type="checkbox"/> <input type="checkbox"/> I was more than satisfied | <input type="checkbox"/> <input type="checkbox"/> I was very unsatisfied |
| <input type="checkbox"/> <input type="checkbox"/> I was satisfied | |

(Required):

| | | | | |
|---|------------------------------------|---|---|---------------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1. Was it easy for you to locate or get to our office? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. How quickly did someone see you about your problem? | <input type="checkbox"/> Quickly | <input type="checkbox"/> Fairly Quickly | <input type="checkbox"/> Too Slowly | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How were you treated by our staff? | <input type="checkbox"/> Very well | <input type="checkbox"/> Well | <input type="checkbox"/> Adequately | <input type="checkbox"/> Poorly |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were things explained to you in a way that you understood? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5. Were you satisfied with the way that your problem was dealt with by our <u>staff</u> ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6. Was the service provided to you culturally sensitive? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

WOULD YOU LIKE TO MAKE ANY COMMENTS?

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Thank you for taking the time to complete this survey and thus assisting us with improving our service delivery.

Priscilla Collins, Chief Executive Officer

* Please note that your responses may be discussed with our funding body – but will otherwise be treated confidentially.