



SERVICE SATISFACTION SURVEY (for participants)

PARTICIPANT'S DETAILS

Participation Name	
NDIS Number	
Nominee/Parent's name	
Email address	
Phone number	

SERVICE SURVEY

1. How would you rank the level of overall satisfaction?

Not satisfied at all					Neutral						Very satisfied
0	1	2	3	4	5	6	7	8	9	10	

2. Which Support Coordinator have you engaged with?

<input type="checkbox"/> Support Coordinator name 1	<input type="checkbox"/> Support Coordinator name 2
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3. How would you rate the quality of your customer service experience?

Not satisfied at all					Neutral						Very satisfied
0	1	2	3	4	5	6	7	8	9	10	

4. How was our service compared to other Support Coordination service providers?

- You're the best! Better Slightly better
- Same quality, no difference Worst

5. How well did our Support Coordinator understand your situation and concerns?

- Extremely well Very Well Decent
- Not so well Not at all well

6. How professional our Support Coordinator handling your concerns/queries?

- Extremely professional Very well Decent
- Unprofessional Place no care

7. How would you rank our speed of service?

Not satisfied at all					Neutral						Very satisfied
0	1	2	3	4	5	6	7	8	9	10	



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8. Do you feel the information provided is informative and helpful?

Yes

No

9. What score will you give your Support Coordinator in general

Extremely bad					Neutral						Extremely good
0	1	2	3	4	5	6	7	8	9	10	

10. How likely is it that you would recommend HiCom Care Support Coordination service to someone else?

Not recommend at all					Neutral						Highly recommend
0	1	2	3	4	5	6	7	8	9	10	

11. Would you like to honestly tell us any other comments, questions, concerns or issues so that we can immediately improve on or contact you to resolve?