

HiCom Care

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SERVICE SATISFACTION SURVEY (for service providers)

SERVICE PROVIDER'S DETAILS

Se	ervice Provider Name										
Pı	ractitioner Name										
Eı	mail address										
Pl	none number										
SEI	RVICE SURVEY										
1.	How would you rank the lo	evel of over		faction?					Very satisfied		
NOC.	0 1 2	3 4		5	6	7	8	9	10		
2.	Which Support Coordinate	or have you	engage	d with?							
	Support Coordinator name	1		☐ Su _l	oport C	Coordina	ator name ?	2			
2	How would you rate the g	uality of you	ur custo	mor cor	vice ov	noriona					
3.	How would you rate the q		Ne	utral					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?										
	\square You're the best!	□ Ве	tter			\square Slightly better					
	\square Same quality, no differe		☐ Worst								
5.	How well did our Support Coordinator understand your situation and concerns?										
	☐ Extremely well ☐ Very Well							☐ Decent			
	☐ Not so well							\square Not at all well			
6.	How professional our Support Coordinator handling your concerns/queries?										
	\square Extremely professional	☐ Decent									
	\square Unprofessional	\square Place no care									
7.	How would you rank our s	peed of ser									
Not	satisfied at all 2	3 4		utral 5	6	7	8	9	Very satisfied 10		

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



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	\square Yes				lo				
9. What score w	II you give	your Su	pport Co	oordinato	r in genera	al		F	xtremely good
0 1	2	3	4	5	6	7	8	9	10
10. How likely is it someone else		would re	comme	nd HiCom	Care Sup	port Coo	rdination s) ly recommend
0 1	2	3	4	5	6	7	8	9	10
11. Would you like can immediate		-	-		-	stions, co	oncerns or	issues so	o that we