

Client Feedback

Please go to <https://www.surveymonkey.com/r/RSLDefenceCareClientFeedback> to give us your feedback. Or you can print this out and email a scanned copy to info@defencecare.org.au. Your feedback will help us improve our services.

Your Details	
First name	Phone
Last name	Email
Questions	
Are you a serving member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you find out about RSL DefenceCare?	<input type="checkbox"/> RSL Sub-branch <input type="checkbox"/> Referral from Department of Defence <input type="checkbox"/> Referral from Department of Veterans' Affairs <input type="checkbox"/> Referral from Rehabilitation Service <input type="checkbox"/> RSL NSW website <input type="checkbox"/> RSL DefenceCare Facebook page <input type="checkbox"/> Other (please specify):
What service/s did you access from RSL DefenceCare?	<input type="checkbox"/> Assistance with entitlements <input type="checkbox"/> Advocacy at the Veterans' Review Board <input type="checkbox"/> Financial assistance <input type="checkbox"/> Bereavement services <input type="checkbox"/> Counselling and support <input type="checkbox"/> Transition to civilian life <input type="checkbox"/> Building family and community resilience <input type="checkbox"/> Other (please specify):
Did RSL DefenceCare meet your needs?	<input type="checkbox"/> Yes. RSL DefenceCare met my needs. <input type="checkbox"/> Yes. RSL DefenceCare went beyond my expectations. <input type="checkbox"/> No. RSL DefenceCare did not meet my needs. If no, please state why and include any suggestions for new services we could provide in the future.
Are you satisfied with our customer service?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, could you suggest how we can improve our customer service?
Sharing your story	
Do you consent to RSL DefenceCare sharing your story online and/or in publications (names and personal details will be withheld)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can we contact you to discuss other ways of sharing your story with our supporters? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other comments and suggestions	
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Signature: Date: