

**Leichhardt Marrickville Community Transport Group
Section 3 Service Delivery
Document 3.08-1-1 Service User Exit Survey**

Thank you for agreeing to complete this small survey. Finding out how Service Users feel when they leave our service helps us improve our service to others.

Name:.....(optional)

What was your main reason for leaving the service?

Did the service meet your needs and expectations?

Are there any changes you believe should be made to the service?

<i>DOC No: 3.08-1-1</i>	<i>Service User Exit Survey</i>			<i>Date Approved</i>	
<i>Date Document due for review</i>	<i>Date Document Reviewed:</i>	<i>Amendments</i>	<i>Positions informed/trained in amendments</i>	<i>Method</i>	<i>Date</i>

Did you receive adequate help, support or information?

Did you feel comfortable approaching Team Members about issues?

Would you like a copy of our complaints policy & procedure sent to you (if yes - please include your name and address below)

Any other comments you would like to make?

Please return to: **Name & Address of Service**

Office Use Only - Date Received:

Date Actioned:

Action Taken:

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Feedback Provided to Service User

Yes/No

Date feedback provided

Feedback written/verbal

Reported to Governance Body - Date: