

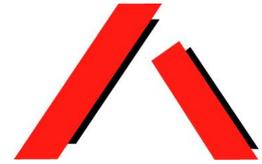
Client Feedback Form

Your feedback is important to us and helps improve our services.

Please take the time to complete this short, confidential survey.

We may share statistics gathered in QAI's annual report or other material, but only in an anonymous, de-identified way.

Your comments (and your name) will only be shared outside of QAI if you give us express permission to do so.



**Queensland Advocacy
Incorporated**

Systems and legal advocacy for
vulnerable people with disability.

How you can give feedback

Complete the survey online	Call us	Send this form back
 <p>Go to: gai.org.au/contact and click on: 'Complete a Survey'</p>	 <p>(07) 3844 4200</p>	<p>Fax: 3844 4220 Email: gai@gai.org.au Post: Level 2, 43 Peel Street South Brisbane Q 4101</p>

Your Name: _____

*(optional – if you would like to
give identifiable feedback)*

Date: _____

How did we help you?

(tick any that apply to you)

- | | |
|--|---|
| <input type="checkbox"/> I was represented at a hearing | <input type="checkbox"/> I was referred to another organisation |
| <input type="checkbox"/> I received general information | <input type="checkbox"/> I was not helped |
| <input type="checkbox"/> I received personalised advice | <input type="checkbox"/> I received other help: _____ |
| <input type="checkbox"/> I was supported in speaking to various parties and negotiating the system | _____ |

Please answer the following:

	Yes	Maybe	No	Not applicable
I got the help I wanted from QAI (even if it was not the outcome I was hoping for)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QAI staff were professional and respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QAI helped me to understand my legal problem and my options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QAI met my cultural and personal needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend QAI to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to tell us why?

(for example, if you did not get the help you wanted, what help did you want?)

Any other comments, suggestions or feedback?

Do you consent to QAI using your comments for promotional purposes, for example, on our website or annual report?

- Yes, AND you can use my name
- Yes, BUT DO NOT use my name
- No

Would you like to be contacted for further feedback, for example, being involved in focus groups, or consulted about changes to mental health law and policy?

We can tell you more about what opportunities are available now or put you on our contact list when those opportunities come up.

- Yes, my preferred method of contact is: _____
- No

**Thank you for your time.
If you require assistance from QAI, please contact us on 07 3844 4200.**