

Tell us how we did — your feedback helps us improve.

Please help us by answering the questions below about your experience with Disability Advocacy Service. Your answers are confidential. Complete on-screen or print and mark by hand. For best results use Adobe Acrobat Reader (free: get.adobe.com/reader) — not Apple Preview or a browser PDF viewer. You can also give feedback online at das.org.au/client-feedback-form.

Your Experience

For each question, choose 1 to 5: 1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree

1. Are you happy with the help you received at Disability Advocacy Service?

1 2 3 4 5

2. Did our advocate take the time to listen to your problem or issue?

1 2 3 4 5

3. Did the advocate provide information that could assist to solve the issue?

1 2 3 4 5

4. Did our staff keep in touch with you, so you knew what was happening with your issue?

1 2 3 4 5

5. Would you recommend Disability Advocacy Service to anyone else?

1 2 3 4 5

Additional Comments

Anything else you would like to tell us:

If you would like us to contact you about your feedback (optional)

Name:

Email: Phone:

Many thanks for your feedback.

[Email Form to DAS](#)

Opens your email with admin@das.org.au prefilled. Save this form first, then attach it to the email.