**NGO Customer Satisfaction Survey Toolkit**

**Annual Client Satisfaction Survey**

Welcome to the (Insert Year and Organisation) Client Satisfaction Survey.

To ensure we meet the expectations of our service users, we would love to receive your candid feedback about your experiences with (organisation). The results will be used to understand what we do well and what can be improved.

Would you do this short and simple survey by clicking on the link below? Depending on your responses, it should take 10 minutes to complete.

Your responses to all questions will be anonymous and will be reported as part of the group. Please note, however, if you identify yourself in some way in the comments box, you may not remain anonymous.

The survey will close on (insert date and time). We hope to hear from you before then.

If you have any questions or concerns, please don’t hesitate to contact (name) on (phone number) or via (email).

We thank you for your ongoing support and contribution to (organisation) and look forward to your feedback about your experiences.

**(Insert Survey Link Here)**

Kind Regards,

**(Insert your name and organisation)**

## Have you contacted us for support or services over the last 12 months?

|  |  |
| --- | --- |
|   | Yes |
|  | No |
|  | Don’t know |

## How did you first hear about us and our services?

## (Select all that apply)

|  |  |
| --- | --- |
|  | Internet |
|  | Newspaper |
|  | Radio |
|  | Social media |
|  | Support group |
|  | Government support service |
|  | Private support service |
|  | Family / friends |
|  | Other (please specify) |
|  | Don’t know / can’t remember |

## How did you contact us the first time for support / services?

## (Select one only)

|  |  |
| --- | --- |
|  | In person |
|  | Online / email |
|  | Telephone |
|  | Social media |
|  | Through family / friends |
|  | Through other service providers |
|  | Through government service providers |
|  | Other (please specify) |
|  | Don’t know / can’t remember |

##

## Overall, how satisfied were you with our services / activities this year?

|  |  |
| --- | --- |
|  | Extremely dissatisfied |
|  | Dissatisfied |
|  | Neither satisfied nor dissatisfied |
|  | Satisfied |
|  | Extremely satisfied |

## What was the most outstanding impact of our services / activities on you this year?

|  |
| --- |
|  |

## How easy did you find it to access our services?

|  |  |
| --- | --- |
|  | Extremely difficult  |
|  | Difficult |
|  | Neutral |
|  | Easy |
|  | Very easy |

## How can we make it easier for you to use our services in the future?

|  |
| --- |
|  |

## Which specific (organisation) services did you use over the last 12 months?

## (Select all that apply)

|  |  |
| --- | --- |
|  | (Please include a list of relevant services that your organisation provides) |
|  |  |
|  |  |
|  | Other (please specify) |
|  | None of the above |

## How would you rate the specific services you received from (organisation)?

## (Please select all the boxes that are relevant to you)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Poor | Poor | Average | Good | Excellent |
| (List services selected at Q8 above) |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

##  Were the services provided in a time that met your needs?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t know |

## Were you provided with sufficient information about the services that were available to you?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t know |

##  Are there any other services that we could offer you in the future?

|  |
| --- |
|  |

##  How much do you agree with the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| **Satisfaction** |
| Overall, you (organisation or service) listened to me and understood my issues |  |  |  |  |  |
| I would recommend your services/programs/activities to other people |  |  |  |  |  |
| **Goals** |
| Overall, your services / activities helped me to achieve my goals |  |  |  |  |  |
| **Circumstances** |
| Overall, I am better able to deal with the issues for which I sought your help |  |  |  |  |  |
| **Connection with Community** |
| Overall, I feel more connected to my community as a result of your services/ activities |  |  |  |  |  |

##  What did you like best about our services, and why?

|  |
| --- |
|  |

## What did you like least about our services, and why?

|  |
| --- |
|  |

##  Do you have any suggestions for us to improve our services / activities?

|  |
| --- |
|  |

# **About You**

## NOTE TO SURVEY ADMINISTRATOR:

## *These questions are not compulsory for measuring Satisfaction, as such. But depending on survey results and your original objectives, they can help tell you, for instance, which age group or which gender is more likely to be satisfied? You should include "About You" questions only if you have a good reason for wanting to find out: e.g. suburb of residence (may tell you if people from afar are happy to travel), if second language is spoken (may tell you if your audience is from a CALD background), etc*

## How old are you?

|  |  |
| --- | --- |
|  | Under 18 |
|  | 18 – 24 |
|  | 25 – 34 |
|  | 35 – 44 |
|  | 45 – 54 |
|  | 55 – 64 |
|  | Over 64 |

##  Gender

|  |  |
| --- | --- |
|  | Male |
|  | Female |
|  | Other |
|  | Prefer not to say |

## Where do you live?

|  |  |
| --- | --- |
|  | Capital city |
|  | Regional town |
|  | Rural or remote area |

## How long have you been receiving services from (organisation)?

|  |  |
| --- | --- |
|  | Less than 12 months |
|  | 1-2 years |
|  | 3-5 years |
|  | 6-10 years |
|  | Over 10 years |
|  | Don’t know / can’t remember |

## Would you like more information about (organisation) and how you can support the work we do?

|  |  |
| --- | --- |
|  | Yes |
|  | No (Go to End) |
|  | Unsure / Don’t know (Go to End) |

## If you would like to receive more information about our services, please provide your contact details.

## *(Please note, if you provide your details below you are accepting that your responses to the survey will not remain anonymous)*

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Contact Number |  |