

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)

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

	Yes
	No
	Don't know

2. 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

3. 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

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

	Extremely dissatisfied
	Dissatisfied
	Neither satisfied nor dissatisfied
	Satisfied
	Extremely satisfied

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

6. How easy did you find it to access our services?

	Extremely difficult
	Difficult
	Neutral
	Easy
	Very easy

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

8. 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

9. 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)					

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

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know

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

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know

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

13. 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					

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

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

16. 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

17. How old are you?

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

18. Gender

	Male
	Female
	Other
	Prefer not to say

19. Where do you live?

	Capital city
	Regional town
	Rural or remote area

20. 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

21. 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)

22. 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	