



PO Box 2379
Christchurch Mail Centre
Christchurch 8140

Greetings Tena Koe,

“Your feedback on LifeLinks services is valued and guides our ongoing efforts to provide a high quality service for you” (Craig Hutchison, Managing Director)

LifeLinks is keen to obtain feedback on your views and satisfaction with the most recent service you received from our company.

The purpose of this questionnaire is to help us with our efforts to constantly improve the quality of our services for you.

We would be grateful if you would take the time to fill out and return this client opinion questionnaire. This questionnaire should take about 5 minutes of your time to complete.

Your answers are combined with those of others to produce overall views and trends. No individual answers or personal identifiers will be published.

Thank you for taking the time to complete the LifeLinks Client Opinion Survey Questionnaire.

Yours sincerely

Craig Hutchison
Managing Director
LifeLinks

LifeLinks

Nga Oranga Mekameka
A Division of Compensation Advisory Services Ltd

CLIENT OPINION SURVEY QUESTIONNAIRE Ou Whakaaro

1. Did the LifeLinks' staff member explain their role so you were clear about what they could do for you? Please tick one box.

Yes

No

Comment: _____

2. Were we clear in all our communications with you? Please tick one box.

Yes

No

Comment on ways we could improve our communications:

3. Did you feel your point of view was listened to by LifeLinks' staff? Please tick one box.

Yes

No

Comment: _____

4. Has the service you received from LifeLinks met your expectations? Please tick one box.

Yes

No

Comment on what we could do better to meet your expectations:

5. Is there any way that LifeLinks can improve our service? Please tick one box.

Yes

No

If yes, please comment: _____

6. Overall, how satisfied are you with the service you received from LifeLinks?
Please tick one box.

Very satisfied

Satisfied

Unsure

Unsatisfied

Very Unsatisfied

Comments: _____

7. 'As a result of receiving the LifeLinks' service I deal more effectively with daily life.'

Reflecting on this statement, please tick the box that best reflects your experience.

Strongly Disagree

Disagree

Unsure

Agree

Strongly Agree

Comments: _____

LifeLinks

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Thank you for taking the time to complete this questionnaire

If you are completing this client opinion survey questionnaire on behalf of our company's client/tangata whaiora, could you please identify your relationship to the client/tangata whaiora.

Relationship to LifeLinks client/tangata whaiora: _____

When you have completed the questionnaire, please return it in the reply paid envelope or by email or if you are completing the questionnaire on-line then press the "submit" button.

All personal information and /or identifying information received via the client opinion survey questionnaire will be kept strictly confidential and securely stored.

If you wish to discuss the questionnaire or any other issues, do not hesitate to contact us toll-free on 0800 866 877 or at community@lifelinks.co.nz .

Optional:

You do not have to include your name on this questionnaire.

However, if you would be willing for our LifeLinks Community Liaison staff member to contact you to discuss in more detail the points you have made, it would be helpful if you included your name and contact number.

Your name: _____

Your telephone / mobile number: _____