

# APC Caring for People Care

All Parental Care Australia Pty Ltd

Date: .....

## CLIENT SATISFACTION SHEET

Client Name: .....

Address: .....

Phone: ..... Date Service Commenced: .....

Nature of Service Provided: .....

Number of Hours per week/visit: .....

### “WERE YOU SATISFIED WITH?”

\*\*\*\* Please circle\*\*\*\*

The standard of service you received	Poor	Satisfactory	Excellent
Punctuality of staff	Poor	Satisfactory	Excellent
Attitude and Professionalism of the current staff	Poor	Satisfactory	Excellent
Is there any additional assistance you require?	Yes	No	

If so please advise: .....

Additional Comments: .....

Office Comments and necessary action: .....

Signature: ..... Date of APCare Review: .....

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