Client Feedback

At Youthrive we're in the business of learning. To help us do a better job, please complete this feedback form and return it to your Youthrive clinic. Alternatively, you can fill out our feedback form online at **www.youthrive.com.au/contact-us/feedback-complaints**

My Youthrive clinic is located in:

_____

The therapy service I received is:

_____

I am a:

_____

(eg. child, young person, parent, carer etc.)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I like working with Youthrive	☐	☐	☐	☐	☐
2. Youthrive listened to me	☐	☐	☐	☐	☐
3. I felt safe working with Youthrive	☐	☐	☐	☐	☐
4. I saw Youthrive often enough	☐	☐	☐	☐	☐
5. We talked about things/completed activities that were important to me	☐	☐	☐	☐	☐
6. I got the help I wanted from Youthrive	☐	☐	☐	☐	☐
7. I would be happy to work with Youthrive again	☐	☐	☐	☐	☐
8. I would tell other people to come to Youthrive	☐	☐	☐	☐	☐
9. Youthrive helped me feel...					
Healthier	☐	☐	☐	☐	☐
Happier	☐	☐	☐	☐	☐
More skilled	☐	☐	☐	☐	☐

10. The best thing about Youthrive is:

_____

_____

_____

_____

11. Youthrive can improve by:

_____

_____

_____

_____

_____

Complete our online feedback form here:

Do you have more feedback?

Complete this compliments and complaints form.

Name (Optional)	
Address (Optional)	
Contact Number (Optional)	
Contact Email (Optional)	
Youthrive Clinic/Location	

Your Comments (attach another page if necessary)