



Service User Feedback Form

We value your feedback as it is important to ensure the service we provide meets your needs and the SAWCC continues to be a safe and supportive environment.

1. Which SAWCC service(s) did you access?

- ☐ Youth Services
- ☐ Centre Support Service
- ☐ Autonomous & Independent Project
- ☐ Library
- ☐ General Counselling Service
- ☐ French/English classes
- ☐ Other (specify) _____

2. How did you find your interaction with SAWCC staff?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> friendly | <input type="checkbox"/> not friendly |
| <input type="checkbox"/> respectful | <input type="checkbox"/> not respectful |
| <input type="checkbox"/> flexible | <input type="checkbox"/> not flexible |
| <input type="checkbox"/> approachable | <input type="checkbox"/> not approachable |
| <input type="checkbox"/> supportive | <input type="checkbox"/> not supportive |

If not ..., why? _____

Other comments: _____

3.1 What needs did SAWCC meet for you?

3.2 What needs has SAWCC been unable to meet?

4. Are there any other comments or suggestions for improvement to the service that you would like to make?



5. Would you like a member of SAWCC staff to contact you to further to discuss the issues you have mentioned above?

☐ Yes

☐ No

If so, please write down your name, contact number and the worker's name you want to talk to:
