

DATE: _____

Please tick the following:

AGE				INDIGENOUS STATUS		
<input type="checkbox"/> Under 18	<input type="checkbox"/> 18 - 30	<input type="checkbox"/> 31 - 64	<input type="checkbox"/> 65 +	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Neither

GENDER

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Prefer Not to Say
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Which services did you access at WCLC?

<input type="checkbox"/> Child Protection	<input type="checkbox"/> Criminal Injuries Compensation	<input type="checkbox"/> Family Law (Separation)	<input type="checkbox"/> Restraining Orders
<input type="checkbox"/> Consumer Issues	<input type="checkbox"/> Family Law (Children)	<input type="checkbox"/> Family Violence	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Credit/Debt	<input type="checkbox"/> Family Law (Financial)	<input type="checkbox"/> Neighbourhood Issues	_____

Please tick the following:

It was easy to contact the legal service when you first needed help.

<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
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The service provider listened to your legal problem.

<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
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The service provider helped you understand how to deal with your legal problem.

<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
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You know where to get help if you have another legal problem in the future.

<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
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Do you have any personal or cultural needs that the service provider needed to consider when assisting you?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, did the service provider meet those specific needs?

<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
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Overall, would you recommend this legal service to other people?

<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
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If you have any further questions or queries please comment below: