



PO Box 1769  
Rozelle NSW 2039  
p: 02 9555 6066  
f: 02 9555 6966  
admin@brsconsulting.com.au  
www.brsconsulting.com.au

### EMPLOYER FEEDBACK SURVEY

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Date: \_\_\_\_\_ Rehabilitation Consultant: \_\_\_\_\_

	Poor	Satisfactory	Excellent
1. Time of response to referrals: 2. Quality of service and assessments provided: 3. Quality and timeliness of reports: 4. Level of Communication with consultants: 5. Formulation / coordination / management of rehabilitation programmes (if applicable):			

**Specific Comments:**

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**Are there any aspects of our service that you consider needs improvement?**

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

Thankyou for your participation in this survey and assisting in our quality assurance programme