

Participant Survey - Easy Read

The following information has been explained to me (circle yes or no):

1. I can provide information anonymously

Yes	✓	No	✗		I understand I can complete a survey anonymously
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2. My advocate

Yes	✓	No	✗		I want my advocate to provide my feedback for me
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My advocate

Name:
Email:
Phone:

3. All information is private and confidential

Yes	✓	No	✗		I understand the information I provide is treated as private and confidential
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4. I understand I can provide feedback to my provider in different ways:

Yes	✓	No	✗		I can call my provider Workforce Extensions 08 8267 3253
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Yes	✓	No	✗		I can email them northadelaidehealth@workext.com.au
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Yes	✓	No	✗		I can mail them Workforce Extensions 125 Rundle Street, Kent Town SA 5067
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Please only write your name below if you want us to know who you are:

Participant name:	
Date:	
Signature:	

What I would like to say:					
Yes	✓	No	✗		I am HAPPY with my supports/services
Yes	✓	No	✗		I am UNHAPPY with my supports/services
Yes	✓	No	✗		I would like to make a complaint about my provider
Yes	✓	No	✗		I would like to make a complaint about my support worker or another person
Yes	✓	No	✗		I would like to give feedback about my provider, staff worker or another person
Yes	✓	No	✗		I want the Complaints Manager to contact me to discuss my complaint or listen to my feedback

