

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

2. My advocate

Yes



No



I want my advocate to provide my feedback for me

3. All information is private and confidential

Yes



No



I understand the information I provide is treated as private and confidential

4. I understand I can provide feedback to my provider in different ways:

Yes



No



I can call my provider
**Clear Thinking Mental Health Group
(03) 4343 1779**

Yes



No



I can email them
ndis@cleartinkingmhg.com.au

Yes



No



I can mail them
**Clear Thinking Mental Health Group
1857 Sturt Street, Alfredton, VIC 3350**

Please only write your name below if you want us to know who you are:

Participant/advocate name:	
Date:	
Signature:	

What I would like to say:		
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	 <p>I am HAPPY with my supports/services</p>
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	 <p>I am UNHAPPY with my supports/services</p>
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	 <p>I would like to make a complaint about my provider</p>
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	 <p>I would like to make a complaint about my support worker or another person</p>
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	 <p>I would like to give feedback about my provider, staff worker or another person</p>
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	 <p>I want the Complaints Manager to contact me to discuss my complaint or listen to my feedback</p>

I would like to tell you more:

