

Participant Survey

Easy Read

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

1. I can provide information anonymously:

Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	 <p>I understand I can complete a survey anonymously</p>
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2. My Advocate can provide feedback for me:

Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	 <p>I want my advocate to provide my feedback for me</p> <p>This person can be:</p> <hr/>
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3. All information is private and confidential:




Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	 <p>I understand the information I provide is treated as private and confidential</p>
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I understand I can provide my feedback in different ways:

Yes ✓	No ✗		I can call my provider 0431091354
Yes ✓	No ✗		I can email them feedback@able-iq.com.au
Yes ✓	No ✗		I can mail them P O Box 2153 Ellenbrook

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 ✓	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 ✕	 <p>I would like to make a complaint about my support worker or another person</p>
Yes ✓	No ✕	 <p>I would like to give feedback about my provider, staff worker or another person</p>
Yes ✓	No ✕	 <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:

Pleas tick if you would be happy for us to put client feedback on our webpage (this would be identified with your first name only')

Yes ☐ **No** ☐
