


# Participant Survey


## Easy Read

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


### 1. I can provide information anonymously

Yes ✓	No ✗	 <p>I understand I can complete a survey anonymously</p>
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### 2. My advocate

Yes ✓	No ✗	 <p>I want my advocate to provide my feedback for me</p> <p>This person can be:</p> <hr/> <p style="text-align: right;">—</p>
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### 3. All information is private and confidential

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







Yes ✓	No ✗	 <p>I can call my provider 0420 799 233</p>
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Yes ✓	No ✗	 <p>I can email them breda@yesability.com.au</p>
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Yes ✓	No ✗		I can mail them 1/63 walters drive Osborne Park 6017
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Please only write your name below if you want us to know who you are:

<b>Participant/advocate name:</b>	
<b>Date:</b>	
<b>Signature:</b>	

What I would like to say:			
Yes ✓	No ✗		I am <b>HAPPY</b> with my supports/services
Yes ✓	No ✗		I am <b>UNHAPPY</b> 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 <b>Complaints Manager</b> to contact me to discuss my complaint or listen to my feedback

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