


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>My advocate</p> <p>Name: Email: Phone:</p>

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 Workforce Extensions 08 8267 3253</p>
Yes ✓	No ✗	 <p>I can email them northadelaidehealth@workext.com.au</p>
Yes ✓	No ✗	 <p>I can mail them Workforce Extensions 125 Rundle Street, Kent Town SA 5067</p>

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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	✗	 <p>I am HAPPY with my supports/services</p>
Yes	✓	No	✗	 <p>I am UNHAPPY with my supports/services</p>
Yes	✓	No	✗	 <p>I would like to make a complaint about my provider</p>
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 want to tell you more:

[illegible]