

Easy Read - Participant Survey

The following information has been explained to me (check 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.



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.

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

☐ Yes ☐ No



I can call my provider.

Name: _____

Phone: _____

☐ Yes ☐ No



I can email them.

Email: _____

☐ Yes ☐ No



I can mail them.

Name: _____

Address: _____

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

Participant's Name: _____

Date: _____

Signature: _____

What I would like to say:

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

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I want to tell you more: