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**
		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 [insert contact name] [insert phone number]** 
Yes	**No**	**I can email them [insert email address]** 
Yes	**No**	**I can mail them** 

		[insert contact name Insert mailing address]

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**	**I am**  **HAPPY with my supports/services**
Yes	**No**	**I am my**  **UNHAPPY with supports/services**
Yes	**No**	**I would my**  **like to make a complaint about provider**
Yes	**No**	**I would my another**  **like to make a complaint about support worker or person**
Yes	**No**	**I would feedback staff person**  **like to give about my provider, worker or another**
Yes	**No**	**I want the Manager**  **Complaints to contact me to**

		discuss my complaint or listen to my feedback

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I want to tell you more:

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