


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
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2. My advocate

Yes ✓	No ✗		I want my advocate to provide my feedback for me
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3. All information is private and confidential







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

Yes ✓	No ✗		I can call my provider Clear Thinking Mental Health Group (03) 4343 1779
Yes ✓	No ✗		I can email them ndis@clearthinkingmhg.com.au
Yes ✓	No ✗		I can mail them Clear Thinking Mental Health Group 1857 Sturt Street, Alfredton, VIC 3350

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 ✗		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 Complaints Manager to contact me to discuss my complaint or listen to my feedback

I would like to tell you more:

