

Care Garden Therapy

Neuroaffirming Positive Behaviour Support

Feedback Form

Easy Read · We would love to hear what you think

This form is for everyone. You can fill it in yourself, or someone can help you.

It is **okay** to make a complaint. You will **not** get in trouble. Your support will **not** stop.

1. What kind of feedback is it? (tick one)

- ☐ **A compliment** — we did something well
- ☐ **A suggestion** — an idea to make things better
- ☐ **A complaint** — you are not happy about something

2. Tell us about it

What happened? What do you want us to know? Use your own words.

3. What would make it better? (you can leave this empty)

4. About you (you can leave this empty and stay anonymous)

Your name: _____

Today's date: _____

Phone or email, if you would like us to reply: _____

Who helped you fill this in? (if anyone): _____

☐ Please contact me about my feedback

☐ No need to contact me

5. How to get this form to us

You can **email** a photo or scan to info@caregardentherapy.com or **call us** on **08 6186 5628** and we will write it down for you. We will tell you we got your feedback within **2 working days**.

You can also tell the NDIS Commission. You do **not** have to talk to us first.

Phone: **1800 035 544** · TTY: **133 677** · Website: www.ndiscommission.gov.au

Office use only

Date received:	Acknowledged (within 2 days):	Received by:
Action taken / outcome:	Person told of outcome on:	Date closed:

Feedback records are kept safely for 7 years. See our Client Feedback Policy (Easy Read) for what happens next.