

#### **FEEDBACK**

#### **Comment, Compliment or Complaint**

Document No: FORM 4003 AC

Version No: Version 1.0

Approval Date: 07/05/2020

Date for next Rev: 06/05/2021

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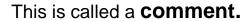
If you are happy with the support you get in Gheel Autism Services you can tell someone.

This is called a **compliment.** 

If you are unhappy with the support you get in Gheel Autism Services you can tell someone.

This is called a **complaint.** 

You can tell us what you think about Gheel Autism Services.





Staff can help you fill out this form if you need support.

NAME	My Name:	
	My Address:	
	My Phone Number:	



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	YES	NO	DON'T KNOW
	<b>/</b>	X	?
Are you happy with the help and support you get from Gheel Autism Services?			
Are you happy about where you live?			
Are you happy about what you do every day?			
Are you happy about what you eat and drink?			
Are you happy about the staff who help you?			
Are you happy about the services you use (for example the doctor or dentist)?			
Are you happy about the transport you use?			
Are you happy about your medication?			
Are you happy about your money?			



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Write draw	or use iPad	to communicate what you are happy about:
Write draw	or use iPad	to communicate what you are not happy about:

Please give this to a staff member or put it in the feedback box.



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