

Participant's Name:

Service Attending:

If relevant, name of person submitting feedback on participant's behalf:

.....

What you say about your service is very important to us.

We will listen to what you tell us.

We will use what you tell us to help make our services better for you.



I make choices about my own supports.



YES



NOT SURE



NO



People at Aurora listen to me when I tell them what I want.



YES



NOT SURE



NO



I feel safe at my service.



YES



NOT SURE



NO



If I feel unhappy about something at Aurora, I know how to make a complaint.



YES



NOT SURE



NO



If I have ideas for new things to do, I know how to share them.



YES



NOT SURE



NO



QUALITY SURVEY 2023



Three things that I think Aurora does well are:

1 –

.....

2 –

.....

3 –

.....



Three things that I think Aurora could do better are:

1 –

.....

2 –

.....

3 –

.....



Something new that I would like to see at Aurora is:

.....

.....

Thank you for taking the time to complete our survey!

Please return your completed surveys by the 19th of January, 2024.

You can:

- Give your survey to your Program Manager
- Give your survey to Claudia at High Street's front office
- Email your answers to your Program Manager or
- Email your answers to info@aurorasupportservices.org.au