Garden View Care Disability Services

FEEDBACK FORM FOR NDIS PARTICIPANTS

Would like to remain anonymous ☐YES ☐NO

Participant Information:

Name:	
Date of Feedback:	
NDIS Number:	
Contact Number (optional): (Please provide if you'd like us to follow up on your feedback)	
Email (optional): (Please provide if you'd like us to follow up on your feedback)	

Feedback:

- What did you enjoy about your experience with Garden View Care Disability Services?

- What areas do you think could be improved?

- Do you have any other comments or suggestions for us?

Preferred Communication for Addressing Feedback:

- If you would like us to discuss your feedback further, please indicate your preferred method of communication:

  ☐Telephone call

☐Video call

☐Face-to-face meeting

Thank you for taking the time to share your feedback!

Please submit this form to Garden View Care Disability Services or your Support Coordinator.

Additional Notes:

- Your feedback is incredibly valuable and helps us continually enhance our services.
- We appreciate your honesty and openness in sharing your thoughts.
- All feedback will be kept strictly confidential.

Garden View Care Disability Services

Please keep a copy of this form for your records.