

Have your say ...about Adult Social Care

Easy read

The service I gets make me...

Please tick a box

Happy 

Sad 

Do not know 

Your name: _____

Your address: _____

Your phone number: _____

The name of your social worker or support worker: _____

If you have filled in this form for someone else, please write your name and contact details below and tell us your relationship to them. For example, are you a friend, or someone in the person's family?

Name _____

Address _____

Telephone number _____

Relationship (How do you know this person) _____

You can tell us more about how you feel about the services you get if you want to. **I am happy or sad because:**

Give this form to a member of staff, or put it in an envelope and send it to the address below.

Complaints Team
Cumbria County Council
Cumbria House
117 Botchergate
Carlisle
CA1 1RD