

Safeguarding Adults Experience

Feedback form



Safeguarding Adults Experience Feedback form

Case ID number: _____

Date: _____ Area: _____

Service: _____ Locality: _____



We would like to know what you thought about the safeguarding investigation.

If you need help with this form please let us know.



Please answer the following questions by putting a tick in the box of your answer.

Or fill them in online at: www.kent.gov.uk/adultsafeguardingfeedback



Yes



Partly



No





Was the adult safeguarding concern about you?

Yes

No



Did someone help you with this form?

Yes

No



If you filled this form in on the person's behalf can you tell us your relationship to them?



1. Were you asked at the beginning what you wanted to happen?



Yes



Partly



No

2. Were you listened to?



Yes



Partly



No

3. Were we polite and respectful?



Yes



Partly



No

4. Did you feel your privacy was respected?



Yes



Partly



No

5. Were the people you wanted to support you involved?



Yes



Partly



No

6. Did you know what was happening and why?



Yes



Partly



No

7. Were you told what we found out?



Yes



Partly



No

8. Are you satisfied with the findings?



Yes



Partly



No

8a. Can you tell us why?





Thank you for completing this form and telling us what you think.



What you have told us will help us to know what we are doing well or what we need to change.



Although we may share your experiences we will not share your name.



Please post the completed form to us in the pre paid envelope. You do not need a stamp.



You can contact us between 8:30 and 5pm

Telephone: 03000 41 61 61

Text relay: 18001 03000 41 61 61

Minicom: 01233 642669

Out of hours: 03000 41 91 91

MakingSafeguardingPersonal@kent.gov.uk

www.kent.gov.uk/adultsafeguarding



Our privacy notice tells you what personal information we collect, hold and share. This is done under data protection law. You can find out more at: www.kent.gov.uk and search 'adult safeguarding privacy notice'.