



Client/Customer Service Feedback Form-Accessibility for Ontarians with Disabilities

Thank you for visiting Canadian Mental Health Association-Nipissing Regional Branch. We value all of our clients and strive to meet everyone’s needs. Please use this form or contact the Executive Director.

Please tell us the date and location of your visit:

Date: _____ Program: _____

1. Were you satisfied with the customer service we provided you?

Yes	No	Somewhat
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Comments:

2. Was our customer service provided to you in an accessible manner?

Yes	No	Somewhat
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Comments:

3. Did you experience any problems accessing our services?

Yes	No	Somewhat
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Comments:

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____

Address: _____

Please return completed form to Executive Director at the address, email or fax number as printed above.