



**Canadian Mental Health Association**  
**Association canadienne pour la santé mentale**

NIPISSING REGIONAL BRANCH  
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**Accessibility for Ontarians with Disabilities- Client Service Feedback Form**

Thank you for visiting the 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:** \_\_\_\_\_ **Location:** \_\_\_\_\_

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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**Comments:**

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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**Comments:**

**3. Did you experience any problems accessing our services?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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**Comments:**

**Contact Information (optional)**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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