

Accessible Service Feedback Form

1. Please provide information on the person providing the feedback: Date: _____ Name (s): _____ Address: _____ Telephone: _____ E-mail: _____
2. What date and time did you visit our facility: _____
3. What facility were you visiting: _____
4. What was the purpose of your visit: _____
5. Did we meet your customer service needs? Please explain: _____ _____
6. Were accessible formats provided upon request? Please explain: _____ _____
7. Did you encounter any barriers or difficulties accessing services? Please explain: _____ _____
8. Do you have any other comments: _____ _____
9. Would you like to be contacted to discuss your customer service experience: _____ If so, how would you like to be contacted: _____

Feedback can be submitted by telephone, mail, e-mail, fax, hand-delivered, or in person to the following:

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Almonte, Ontario, K0A 1A0
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Email: amatheson@carebridge.ca