

Accessible Customer Service Feedback Form

Thank you for visiting CMHA Niagara. We value everyone who accesses our services and strive to meet everyone's needs. We would appreciate any feedback you may have regarding your visit with us today.

Date: _____ **Site:** _____

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

Yes Somewhat No

Comments:

2. Was our customer service provided in an accessible manner? (Did it meet your unique needs?)

Yes Somewhat No

Comments:

3. Did you experience any problems accessing our services?

Yes Somewhat No

Comments:

Please provide your name and contact info on the lines below ONLY if you wish to be contacted in relation to the accessibility of our customer service

Thank you for taking the time to complete this! Your feedback is valuable to us!

CMHA Management Committee
This is in response to AODA Customer Service Standard
Staff – please forward copies to Gail at 15 Wellington