



## CMHA Niagara Service Feedback Form

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Thank you for visiting CMHA Niagara. We value everyone who accesses our services and strive to meet everyone's needs.

Please tell us the date and location of your visit:

Date: \_\_\_\_\_

Location: \_\_\_\_\_

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comments

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comments

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comments

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Contact Information (optional)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Email this form to: [info@cmhaniagara.ca](mailto:info@cmhaniagara.ca). This form can be requested to be provided in accessible format.