

THU Customer Service Feedback Form – Accessibility

Your feedback is important to help us serve you better at the Timiskaming Health Unit. We would like to hear your comments, questions and suggestions about the provision of our goods or services to people with disabilities.

FEEDBACK INFORMATION:

DATE OF VISIT: _____

REASON FOR YOUR VISIT: _____

LOCATION OF SERVICE:

New Liskeard Englehart Kirkland Lake other: _____

1. Were you satisfied with the customer service you received from your visit:

Very Satisfied Somewhat Satisfied Not Satisfied

If not, please specify: _____

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

Yes No Somewhat

If not, in what way could we serve you better? _____

3. Would you like the Timiskaming Health Unit to follow up with you regarding your feedback? *Please note that THU will follow up with you once we have a chance to review your feedback.*

Yes (If yes, please fill out your contact information below.)

No

PERSONAL INFORMATION:

NAME: _____

MAILING ADDRESS: _____

PHONE#: _____

CELL #: _____

EMAIL ADDRESS: _____