



COMMUNITY LIVING HURONIA

ACCESSIBILITY FEEDBACK FORM

Community Living Huronia is committed to providing accessible customer service. We welcome your comments to help us monitor and improve our services and your experiences.

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|---|-------------------------------|------------------------------|
| Which Community Living Huronia location did you visit? | | |
| Time and date of visit? | | |
| What was the purpose of your visit? | | |
| Which department were you accessing? | | |
| Was the service provided to you in an accessible manner/format? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| Did you encounter any barriers or difficulties accessing services? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| Did we respond to your customer service needs? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| Do you wish to be contacted regarding your customer service experience? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

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| Please provide details regarding your customer service experience: |
| |

If you wish to be contacted, please provide your information:

| | |
|-------------------------------------|-----------------------|
| First Name: | |
| Last Name: | |
| Street Address: | |
| Town: | |
| Daytime Phone Number: | Evening Phone Number: |
| Email Address: | |
| How would you like to be contacted: | |

This form can be mailed, emailed, faxed or hand delivered to the following:

Angela Larmand
 Community Living Huronia Accessibility Feedback
 Mail: 339 Olive Street, Midland, Ontario L4R 2R4
 Email: alarmand@clhmidland.on.ca
 Fax: 1.705.527.4182
 In Person: 283 King Street, Midland, Ontario

Community Living Huronia will respond to your feedback within ten business days outlining action(s) to be taken.

Personal information contained on this form is collected pursuant to Ontario Regulation 429/07, the Accessibility Standards for Customer Service and will be used for the purpose of responding to your comments or request.