



## ACCESSIBLE CUSTOMER SERVICE FEEDBACK FORM

Thank you for visiting the Almonte General Hospital. We value all of our clients and strive to meet everyone's needs.

Please tell us the date and time of your visit: \_\_\_\_\_ at \_\_\_\_\_.

Staff Person or Position: \_\_\_\_\_

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

Did we respond to your customer service needs today?

YES       SOMEWHAT (please explain below)       NO (please explain below)

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

YES       SOMEWHAT (please explain below)       NO (please explain below)

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Did you have any problems accessing our goods and services?

NO       YES (please explain below)       SOMEWHAT (please explain below)

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Please add any other comments you may have:

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Please check the box if you would like to receive a response to your feedback.

Contact information: \_\_\_\_\_