

## Accessibility Feedback Form

Thank you for contacting Service Coordination des services! Help us improve our services by giving us your feedback regarding accessibility!

Please tell us the date and location of your visit or phone call:

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

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

1. **Were you happy with the help you received from us?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
------------------------------	-----------------------------	-----------------------------------

2. **Did you find our office to be welcoming and easy to access?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
------------------------------	-----------------------------	-----------------------------------

3. **Were you comfortable at all times during your visit today?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
------------------------------	-----------------------------	-----------------------------------

Comments

We appreciate your comments. All feedback is read and documented.

If you would like us to respond directly to you, please provide your contact information below.

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

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

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

Thank you,  
Management