

Thank you for visiting Community Living Port Colborne - Wainfleet. We value all of our customers and strive to meet everyone's needs.

Please tell us the time and date of your visit.

_____ a.m. _____ p.m.
Date Time

Did we respond to our customer service needs today?

- Yes No

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

- Yes Somewhat No (please explain)

Did you have any problems accessing our services?

- Yes (please explain) Somewhat (please explain)
 No

Please add any other comments you may have:

Contact Information: (optional)

Thank you for taking the time to participate in this survey so that we may serve you better. This will be received by the Chief Executive Officer and any complaints will receive a prompt response.

Community Living Port Colborne -Wainfleet
Management

Office Use Only

Record Customer Feedback

Date Feedback Received: _____

Name of Customer: (optional)

Contact Information: (if appropriate)

Details:

Follow Up:

Action to be taken:

Signature:

Date:

Accessible Customer Service Survey

Dear Valued Customers:

We strive to improve accessibility for our customers with disabilities. We have now established a feedback process which will allow you to provide feedback via telephone, in writing, e-mail, online, or in person. We would like to hear your comments, questions, suggestions about the provision of our goods or services to people with disabilities which will then allow us to make necessary changes and/or improvements.

You may forward your comments to:

Human Resources at **905-835-8941x 104** or

e-mail bbroughton@clpcw.com

Please take a moment to complete this survey.

Thank you.

