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| Children`s Centre Thunder Bay welcomes public input and comments on the provision of services to persons with disabilities. Your feedback will help us improve our services and will support continual improvement in our delivery of accessible and inclusive customer service. |

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| 1. **Date and Time of Visit** | | | |
| Date: | | Time: | |
| 1. **What was the purpose of your visit?** | | | |
|  | | | |
| 1. **What Programs/Services were you accessing?** | | | |
|  | | | |
| 1. **Did we respond to your customer service needs?** | | | |
| ☐ Yes | ☐ No | | ☐ Somewhat |
| Please Explain: | | | |
| 1. **Were our Programs/Services provided to you in accessible manner/format** | | | |
| ☐ Yes | ☐ No | | ☐ Somewhat |
| Please Explain: | | | |
| 1. **Did you encounter any barriers or difficulty accessing our Programs/Services?** | | | |
| ☐ Yes | ☐ No | | ☐ Somewhat |
| Please Explain: | | | |
| 1. **What could we do to make it easier for you to access our Programs/Services?** | | | |
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| --- | --- |
| Name: | Contact Information: |

Thank you for your comments!

Alternate formats of this form will be provided upon request

Please return to the Accessibility Committee, 283 Lisgar Street, Thunder Bay, Ontario P7B 6G6

or by email to tmacleod@childrenscentre.ca