

ACCESSIBILITY FEEDBACK FORM

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.

1. Date and Time of Visit		
Date:	-	ime:
2. What was the purpose of	vour visit?	
2. What was the purpose of	your visit:	
O Wilest December 10 amiliare was a considered		
3. What Programs/Services were you accessing?		
4. Did we respond to your o		eeds?
☐ Yes	□ No	☐ Somewhat
Please Explain:		·
5. Were our Programs/Serv		ou in accessible manner/format
□ Yes	□ No	□ Somewhat
☐ Yes Please Explain:	□ No	□ Somewhat
	□ No	□ Somewhat
	□ No	□ Somewhat
Please Explain:	arriers or difficulty	□ Somewhat vaccessing our Programs/Services?
Please Explain:		
Please Explain: 6. Did you encounter any b	arriers or difficulty	accessing our Programs/Services?
Please Explain: 6. Did you encounter any b	arriers or difficulty	accessing our Programs/Services?
Please Explain: 6. Did you encounter any b	arriers or difficulty	accessing our Programs/Services?
Please Explain: 6. Did you encounter any b Yes Please Explain:	arriers or difficulty ☐ No	accessing our Programs/Services?
Please Explain: 6. Did you encounter any b Yes Please Explain:	arriers or difficulty ☐ No	accessing our Programs/Services?
Please Explain: 6. Did you encounter any b Yes Please Explain:	arriers or difficulty ☐ No	accessing our Programs/Services?
Please Explain: 6. Did you encounter any b Yes Please Explain:	arriers or difficulty □ No (e it easier for you	accessing our Programs/Services?

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