



FORM: Accessible Customer Service Feedback Form

Thank you for visiting St. Joseph's Hospice. We want to know how we are doing and how we can improve your experience. Please provide us with your feedback and comments.

Please tell us the date and time of your visit:

Date: _____

Time: _____

Did we respond to your needs today? Yes No

Was our service to you provided in an accessible manner?

Yes Somewhat No (please explain)

Did you have any problems accessing our staff and services?

Yes (please explain) Somewhat (please explain) No

Please add any other comments you may have:

Contact information (optional)*:

First name:		
Last name:		
Email address:		
Telephone:		
Would you like to be contacted regarding your feedback / concern(s)?	Yes	No

Thank you for providing your feedback.

Your form will be received by the Executive Director and will be shared with the Accessible Advisory Committee (AAC). Once reviewed, the Executive Director will contact you for discussion within four business days regarding resolution(s) (if contact information is provided).

Accessible formats of this document are available free upon request.

This form can be:

Emailed: info@sjhospice.ca

Hand delivered to St. Joseph's Hospice:

475 Christina Street N.
Sarnia, ON N7T 5W3

Mailed to St. Joseph's Hospice:

475 Christina Street N.
Sarnia, ON N7T 5W3