



CMHA Oxford Feedback

We want to hear from you! Thank you for taking the time to fill out this form to let us know what you think of our services. If you have a concern and would like us to respond to you, please fill out your contact information so that we can get in touch with you. We would be pleased to help you fill out this form if you require assistance.

Name:	Date:
Email:	Phone number:
Program:	

I would like to make a: Compliment Concern Suggestion

Is this feedback accessibility related? Yes No

Here is what I want to say (you may attach another page if required):

Accessibility for Ontarians with Disabilities Act (AODA) Standard Affected (if applicable):

- | | |
|---|--|
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Design of Public Space |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Information and Communication |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Other |

Resolution/Accommodation: What would you like to see happen to resolve this?

FOR CMHA-OXFORD USE ONLY

Feedback #: _____