



Customer Service Feedback Form Accessibility

CorHealth Ontario is committed to providing excellent customer service and your feedback is important to help us improve your experience. We would like to hear your comments, questions and suggestions about the provision of our materials or services to people with disabilities.

Comments:

1. Were you satisfied with the recent service you received from CorHealth?

Very Satisfied Somewhat Satisfied Not Satisfied

Comments: _____

2. Was our service provided to you in an accessible manner?

Yes Somewhat No

Comments: _____

3. In what ways could we serve you better?

Contact and Personal Information

Would you like a CorHealth representative to follow up with you regarding your feedback?

Yes No

If yes, please fill out your contact information.

Name:	
Address:	
City:	Province:
Postal Code:	

Please indicate your preferred form of contact for follow up:

Phone:	TTY:
Email:	Other:

Any personal information is collected pursuant to Ontario Regulation 429/07, the Accessibility Standards for Customer Service and will be used strictly for the purpose of responding to your feedback.