

Accessibility Feedback Form

We welcome your comments to help us monitor and improve our services and your experience.

Time and Date of your Visit: _____

What was the purpose of your visit?

Patient Visitor Supplier Other

Which Department were you accessing?

Was the service provided to you in an accessible manner?

Yes No

Please provide details regarding your customer service experience?

Did you encounter any barriers or difficulties accessing services?

Yes No

Did we respond to your service needs? Yes No

Do you wish to be contacted regarding your customer service experience? Yes No

Name: _____

Street Address: _____

City/Town: _____

Daytime Phone Number: _____

Email Address: _____

How would you like to be contacted: _____

This form can be mailed, e-mailed, faxed to the following:
North Bay Regional Health Centre

Mail: 50 College Drive PO Box 2500, North Bay, Ontario P1B 5A4

E-Mail: accessibility@nbrhc.on.ca

Fax : 705-474-3501