



New Vision
Family Health Team

Accessibility Feedback Form

Providing quality service that is accessible to our patients, clients, visitors, students, or others who use our services is important to us. Your comments, complaints and compliments will help us identify where changes should be considered and ways in which we can improve how we deliver services to patients and other people with disabilities.

The date/time of the service experience you would like to provide feedback on:

Did we meet your service needs? Yes No Somewhat

Comments:

Do you have suggestions that will help us enhance the way we provide services to people with disabilities?

Would you like to be contacted?

No, I do not need to be contacted.

Yes, please contact me by:

Only complete if you wish to be contacted:

Name:

Address:

Phone Number:

Email:

Feedback is collected in accordance with Section 7 of Ontario Regulation 429/07, Accessibility Standards for Customer Service made under the Accessibility for Ontarians with Disabilities Act, 2005. Any personal information provided with this feedback will be used by New Vision Family Health Team to contact you if a response is requested.