

## Customer Feedback and Response Form



Thank you for visiting Carefirst. We value all of our customers and strive to meet everyone's needs. Your feedback is utmost important for our continuous quality improvement. Please fill out this form and place it in the suggestion box in our centre or email to [info@carefirstontario.ca](mailto:info@carefirstontario.ca). We will provide a response within 2 working days if it is applicable.

**Note:** Any processes currently in place for receiving and responding to feedback (e.g., feedback and response form, questionnaire, survey, etc.) are accessible to persons with disabilities. Let us know and we will provide or arrange for the provision of accessible formats and communications upon request.

1. Please tell us who you are:

- ☐ Client    ☐ Patient    ☐ Caregiver    ☐ Visitor    ☐ Guest    ☐ Volunteer  
☐ Wellness Club Member    ☐ Other (\_\_\_\_\_)

2. Please tell us the date, time and location of your visit:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

3. How would you rate our service?

	Excellent	Good	Poor
Employee Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other concerns/comments: \_\_\_\_\_

4. Did we respond to your customer service needs during your visit?

☐ Yes    ☐ No

5. Was our customer service provided to you in an accessible manner (*if needed*) that met your needs?

☐ Yes    ☐ Somewhat    ☐ No (please explain \_\_\_\_\_)

6. Did you have any challenges accessing our services and facilities?

☐ Yes (please explain \_\_\_\_\_)  
☐ Somewhat (please explain \_\_\_\_\_)  
☐ No

7. Do you need the feedback form in an accessible format?

☐ Yes, please specify \_\_\_\_\_ ☐ No

8. Other concerns/comments/suggestion:

9. Contact information (*optional*)\*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

~ Thank you! ~

<b>Record of customer feedback received</b> [For office use only]	
Date of feedback received:	
Name of customer ( <i>optional</i> ):	Contact information ( <i>if appropriate</i> )*:
Was there a request for an accessible format of the feedback form? What arrangements were made to provide the form in an accessible format, or to receive the person's feedback in another way other than the form?	
Details on the feedback provided:	
Follow-up and action to be taken:	
Handled by:	Date: