SERVICE COORDINATION SUPPORT
FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES
SERVICE COORDINATION SOUTIEN
POUR LES PERSONNES AYANT UNE DÉFICIENCE INTELLECTUELLE

Accessibility Service Feedback Form

We strive to meet your accessibility needs! Please help us to improve our services by giving us your feedback!

Please tell us the date and location of your visit:

Date: _____ Location: _____

1. **Were you happy with the help you received from us?**

❑ Yes	❑ No	❑ Somewhat

Comments

_____

2. **Did you find our office to be welcoming and easy to access?**

❑ Yes	❑ No	❑ Somewhat

Comments

_____

3. **Were you comfortable at all times during your visit?**

❑ Yes	❑ No	❑ Somewhat

Comments

_____

4. **Please tell us about your communication needs so that we can serve you better.**

_____

_____

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____

Thank you,
Quality Assurance