

# Feedback Form for Customer Service for Persons with Disabilities

## **Advance Chiropractic**

505 St-Lawrence St., PO Box 126

Merrickville, ON

K0G 1N0

3-136 Bridge St.

Carleton Place, ON

K7C 2V5

(613) 269-4663

website@advancechiro.on.ca

At Advance Chiropractic we are committed, to the best of our ability, to removing barriers that may impede persons with disabilities from accessing our goods and service in the same manner as the rest of the community. If you have any comments about our service, please complete this form and send it to us. We will review your information and, if it can be adopted without creating an undue hardship on the office, it will be acted on at the earliest opportunity.

**Name (optional):**

**Contact information (optional):**

**Phone Number:**

**Email:**

**Date of visit:**

**How did you find the customer service provided to you today?**

Very good / Good / Average / Below average / Poor

Comments:

**How was your experience with the accessibility of our facilities?**

Very good / Good / Average / Below average / Poor

Comments:

**Did you have any communication issues and if so how could they be improved?**

Yes / No

Comments:

Thank you for taking the time to help us with our accessibility policy. We look forward to servicing your needs to the best of our ability.

## **Reference**

Adapted from *Accessibility Professionals of Ontario*. 2011. "Feedback Form Template." Retrieved December 26, 2011, from *AODA Accessible Customer Service Training Program*  
<http://www.prolearningonline.com/>