

CLKD values the opinions of the individuals we support, their families, and our employees we strive to meet everyone's needs. We are committed to providing quality goods and services that are accessible to all persons that we serve.

Your feedback is important in helping us improve accessible services at CLKD. Please take a moment to complete this feedback form and let us know how we are doing.

Date of Visit: _____ Time of Visit: _____

What was the purpose of your visit today? _____

Did we respond to your customer service needs today? Yes No

If no, please explain: _____

Was our customer service provided to you in an accessible manner? Yes No

If no, please explain: _____

Did you have any problems accessing our goods or services? Yes No

If yes, please explain: _____

If you have discontinued your service with CLKD can you please tell us why? _____

Please add any other comments/suggestions you may have: _____

Please provide us with your contact information below (optional):

(Any personal information is collected pursuant to Ontario Regulation 429/07, the Accessible Standards for Customer Service and will be used strictly for the purpose of responding to your feedback)

Full Name: _____

Mailing Address: _____

Telephone Number: _____ Email Address: _____

Would you like to be contacted by CLKD? Yes No

(Customers will be contacted within 5 business days of receiving feedback)

*If yes, please ensure you complete the contact information above.

How would you like to be contacted? Telephone Email Mail

Thank you for your feedback.

Email: clkd@tnt21.com

Telephone: 519-396-9434

Fax: 519-396-4514

Mail: 286 Lambton St., Kincardine, ON N2Z2X3

Attention: Executive Director

FOR OFFICE USE ONLY

Date Feedback was received: _____ Received By: _____

Follow Up required: Yes No

If yes, when was it done: _____

Action Plan required: Yes No

If yes, please explain what action was taken: _____

