

Accessible Customer Service Feedback Form

ACCESSIBLE CUSTOMER SERVICE FEEDBACK FORM

SECTION ONE: ACCESSIBLE CUSTOMER SERVICE FEEDBACK			
KW Habilitation is committed to providing accessible customer ser broader community. To help us improve our services and service appreciated and can be provided in the following ways: Mail or Deliver To: 99 Ottawa Street South, Kitchener, C Email to: general inquiries @kwhab.ca Telephone: (519) 744-6307	experience	your feedba	
Date of Your Service Experience:			
Service Provided:			
Staff Person(s) Providing Service:			
Did we meet your service needs?	1 No	2 Somewhat	3 Yes
Was our service provided to you in an accessible manner?			
If you answered "No", or "Somewhat", please give any details of your service experience to help us improve. Do you have any suggestions that will help us enhance the way we provide services to people with disabilities?			
SECTION TWO: REPLY TO FEEDBACK RECEIVED			
If you want to receive a reply, please let us know how you work Email: Your email address is: Phone: Your phone number is: Mail: Your mailing address is: TTY: Your TTY number is: Other – specify:			
This document is available in alternate formats Feedback is collected in accordance with Section 7 of Ontario Regula Customer Service made under the Accessibility for Ontarians with Disabil	tion 429/07, Ac	cessibility Stand	

provided with this feedback will be used by KW Habilitation to contact you if a response is requested.

KW Habilitation: Service Delivery Policies and Procedures

Policy: SD 4.2.6: January 2014