

# Bridges

## Community Health Centre

Fort Erie and Port Colborne/Wainfleet

### Client and Visitor Feedback Form

Thank you for visiting Bridges Community Health Centre. We value all our clients and visitors and strive to meet everyone's needs.

1. Please tell us the date of your visit: \_\_\_\_\_

2. Did we respond to your customer service needs today? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Was our customer service provided to you in an accessible manner?  
Yes \_\_\_\_\_ Somewhat \_\_\_\_\_ No \_\_\_\_\_ (please explain)

4. Did you have any problems accessing our goods and services?  
Yes \_\_\_\_\_ (please explain) Somewhat \_\_\_\_\_ (please explain) No \_\_\_\_\_

5. Please add any other comments you may have:

6. **Optional** – If you would like someone to contact you regarding any of the experiences you have described above, please provide your contact information here.

