Customer Feedback Form—Accessible Formats

Thank you for visiting CIHI. We value all of our customers and strive to meet everyone's needs.

Please briefly tell us the date, time and nature of your visit.

Date and time of your visit: _____

Nature of your visit:

1. **Did we respond to your customer service needs today?**
   ❑ Yes ❑ No ❑ Somewhat
   Comments:

2. **Was our customer service provided to you in an accessible manner?**
   ❑ Yes ❑ No (please explain) ❑ Somewhat (please explain)
   Comments:

3. **Did you have any problems accessing our products and services?**
   ❑ Yes (please explain) ❑ Somewhat (please explain)
   ❑ No
   Comments:

4. **Please add any other comments you may have.**

   Comments:

Contact Information (optional)

Full Name:
Phone Number:
Email:

Note: There may be privacy implications for organizations that collect personal information. Providers should seek their own legal advice regarding the privacy implications of collecting personal information in this manner.