

## NEW PATH YOUTH & FAMILY SERVICES

Customer Service Feedback Form – Accessibility

New Path is committed to providing excellent customer service and your feedback is important to help us improve your experience. We would like to hear your comments, questions and suggestions about the provision of our materials or services to people with disabilities.

## Comments:

Were you satisfied with the recent service you received from New Path?

| Very Satisfied | Somewhat Satisfied | Not Satisfied |
|----------------|--------------------|---------------|
|----------------|--------------------|---------------|

Comments:

Was our service provided to you in an accessible manner?

| □ Yes | Somewhat | 🗆 No |
|-------|----------|------|
|       |          |      |

Comments:

In what ways could we serve you better?

## **Contact and Personal Information**

Would you like a New Path representative to follow up with you regarding your feedback?

🗆 Yes 🗆 No

If yes, please fill out your contact information.

| First Name:     | Last Name:      |
|-----------------|-----------------|
| Street Address: | Unit/Apt/Suite: |
| City/Province:  | Postal Code:    |
| By Phone:       | By TTY:         |
| By e-mail:      |                 |

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