

SURVEY AND FEEDBACK FORM

NAME:

TELEPHONE:

ADDRESS:

EMAIL ADDRESS:

- Preferred method of Contact:
- Mail
 - Phone
 - E-Mail

When did you visit the Thunder Bay Indian Friendship Centre? (date and time)

What program did you participate in and what services did you receive?

- Did we respond to your customer/client needs?
- Yes
 - No

Please explain

- Was our service provided in an accessible manner?
- Yes
 - No

Please explain

- Did you have any problems accessing our services?
- Yes
 - No

Please explain

How can the Thunder Bay Indian Friendship Centre improve accessibility at our Centre?

Comments:

THANK YOU FOR YOUR FEEDBACK!