

**Customer Feedback Form – Accessible Formats**

*Thank you for visiting Ontario Brain Institute. We value 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:**

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**1. Did we respond to your customer service needs today?**

- Yes
- No
- Somewhat

**2. Was our customer service provided to you in an accessible manner?**

- Yes
- No
- Somewhat

**Comments:**

**3. Did you have any problems accessing our products and services?**

- Yes (please explain)
- No
- Somewhat (please explain)

**Comments:**

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

**Comments:**

**Contact Information (Optional)**

Full name:

Phone number:

Email: