

Accessibility Feedback Form

Bluewater Health will provide goods and services in a manner that respects the dignity and independence of persons with disabilities.

Please tell us the date and time of your visit: _____

Did we respond to your customer service needs today? YES NO

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

YES SOMEWHAT NO (please explain below)

Did you have any problems accessing our goods and services?

YES (please explain below) SOMEWHAT (please explain below) NO

Please add any other comments you may have:

Contact information (optional):

Telephone: _____

Email Address: _____

Please send feedback and comments to:

Bob Topliffe, Organizational Development Department
Chair of the AODA Accessibility Committee
Bluewater Health
89 Norman Street (519) 464-4400, extension 8469
Sarnia, ON N7T 6S3 btopliffe@bluewaterhealth.ca

You will receive a response to your feedback either in writing, in person, by e-mail or telephone acknowledging receipt of feedback and any action taken in response to a complaint.

Thank You

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