



**HIGHLANDS HEALTH NETWORK INC.**

**AODA Customer Service Feedback Form**

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Thank you for visiting Highlands Health Network. We value all of our patients and continuously strive to meet everyone's needs. To assist us in providing excellent customer service, please complete this form. Your completed form can be dropped off with reception or mailed to: Clinic Manager, Highlands Health Network, 140 Rolling Hills Dr., Orangeville, ON L9W 4X8.

Please tell us the date and time of your visit:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

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

- Yes
- No
- Somewhat

Comments:

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

- Yes
- No
- Somewhat

Comments:

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3. Did you have any problems accessing our services?

- Yes
- No
- Somewhat

Comments:

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4. Is there anything Highlands Health Network can do to make it easier for you to access our services?

- Yes
- No
- Somewhat

Comments:

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5. Please provide us with any additional comments or feedback that you have.

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### **Customer Contact Information (Optional)**

Please complete if you wish to be contacted.

Name: \_\_\_\_\_

Preferred method of contact:

Telephone:

Phone Number(s): \_\_\_\_\_

Email:

Email Address: \_\_\_\_\_

Mail:

Mailing Address: \_\_\_\_\_

***Thank you for your feedback.***