

## Accessibility Feedback Form

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Thank you for visiting Resolve Counselling Services Canada! We value all of our clients and strive to meet everyone's needs.

Please tell us the date and location of your visit:

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

### 1. Were you satisfied with the client service we provided you?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

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### 3. Did you experience any problems accessing our services?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

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Contact Information (optional)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Thank-you, Management