

Client Accessibility Feedback Form

Thank you for visiting Four Counties Addiction Services Team (Fourcast). We value all of our clients and strive to meet everyone's needs. Your feedback is important in helping us improve accessible services at Fourcast.

Please take a moment to complete this feedback form and let us know how we are doing.

Please tell us the date and location of your visit:

Date: _____

Location: _____

1. Were you satisfied with the customer service we provided you?

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

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

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

3. Did you experience any problems accessing our programs or services?

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

4. Any additional feedback you would like to provide?

Contact Information (optional)

Name: _____ Phone Number: _____

Address: _____

Email: _____

Would you like someone from Fourcast to contact you regarding your feedback?
(clients will be contacted within 7 business days of receiving the feedback)

Yes No

How would you like to be contacted? Telephone Email Mail

Thank you for your feedback!

If you have any questions regarding accessibility services at Fourcast, please contact:

**Human Resources Department
705-876-1292**

OFFICE USE ONLY

Date feedback was received: _____

Follow up required: Yes No If yes, when was it done? _____

Action plan required: Yes No
If yes, please explain what action was taken: _____

