Accessibility feedback form

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1	Which	of the	following	SELVICES	do^{1}	$\vee \cap \sqcap$	1100g
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- □ Chiropractic clinic
- □ Nutrition Store
- □ Footwear Store
- □ Fitness Centre
- 2. How would you rate our services in terms of ...

	Excellent	Very Good	Good	Fair	Poor
Your overall experience	О	О	O	O	О
Accessibility of our facility	О	0	0	0	О
Staff awareness /knowledge	0	О	О	0	O
Helpfulness of our staff	0	О	О	0	0
Availability of assistance	0	0	О	О	0

J. All	ly Committeenis	or suggestions.	/	/	

4. How may we reach you? (optional)

Your name:

Phone:

Email:

Submit by email to Rebecca@integratedhealthcentre.ca or by fax at (613) 735-5770



Service for Clients with Disabilities

If you are a client/customer with a disability, please feel free to provide us with feedback in order that we may make your experience at our facility even better. You can fill out a form that is available at the front desk/counter or on line at www.integratedhealthcentre.ca or you can speak to any of our staff regarding your suggestions. You can also contact the Director of the Integrated Health Centre:

Rebecca Bair-Patel (613) 732-3333 ext. 504

Rebecca@integratedhealthcentre.ca