



Neighbourhood and Community Health Centre

Client Feedback Form

Thank you for using the services of Davenport-Perth Neighborhood and Community Health Centre. We value all of our clients and strive to meet everyone's needs. If you or someone you know experienced difficulties related to accessibility while using any of our services, please fill in this form with as much detail as possible about your experience.

Please tell us the date and location of your visit:

Date:

Location:

1. Were you satisfied with the services we provided you?

Yes No Somewhat

Comments:

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

Yes No Somewhat

Comments:

3. Did you experience any problems accessing our services?

Yes No Somewhat

Contact Information (optional):

Name:

Phone number:

E-mail address:

Preferred method of communication:

Telephone E-mail

No response required; I would prefer not to be contacted.

I am:

A visitor A client Other

Thank you!
Management



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