

Accessibility Feedback Form

We welcome your comments to help us monitor and improve your accessibility experience in our Home.

Time and date of your visit: _____

What was the purpose of your visit? _____

Which area were you visiting? _____

Did you encounter any barriers within the Home area you were visiting or working in?

Yes No

If yes, please provide a description. _____

Do you wish to be contacted regarding your experience?

Yes No

Name: _____

Street address: _____

City/Town: _____

Daytime phone number: _____

Email address: _____

How would you like to be contacted: _____

This form can be mailed, emailed or faxed:

Cassellholme

400 Olive Street, North Bay, Ontario P1B 6J4

email: accessibility@Cassellholme.on.ca

Fax : 705-474-9663