



Customer Feedback Form

The Middlesex-London Health Unit recognizes that receiving feedback provides a valuable opportunity to learn and improve. We strive to provide excellent customer service. We are also committed to addressing the accessibility needs of persons with disabilities.

Every person has the right to make a complaint, offer a suggestion or compliment us on the way we provide goods or services to people with disabilities. If you wish assistance to provide feedback, please ask a staff member to complete a "Record of Customer Feedback" form on your behalf (on reverse side of this form). Thank you for sharing your experience.

Date and Time of your visit: _____

Location: _____

Description of complaint, suggestion or compliment: _____

Staff will use the other side to record follow-up after you provide this information.

**Optional information – complete only if you wish to be contacted*

*Name: _____

*Preferred contact method (telephone number, email address): _____

Notice: Personal information contained on this form is collected pursuant to Ontario Regulation 429/07, the Accessibility Standards for Customer Service and will be used for the purpose of responding to your request for feedback. Questions should be directed to the Human Resources Department, MLHU, 50 King Street, London ON N6A 5L7, 519 663-5317 ext. 2512, accessibility@mlhu.on.ca



Record of Customer Feedback and Follow-up Form (To be completed by a Staff Member)

Note to Staff Member: Please advise the person providing feedback that any personal information provided regarding feedback will be treated as confidential and shared internally only to the extent that it is necessary to respond to the feedback. Please give this form to the Manager overseeing the services for follow-up, or to the Director, Healthy Organization.

Date feedback received:

Name of customer **[optional]**:

Contact information (if appropriate)*:

Name of staff member completing this form:

Details (use other side for more space if required):

Note to the supervising Manager: Include below information regarding contact with the client, if any, to address the concern. As appropriate, discuss with your Director, or with the Director, Healthy Organization. Distribute copies as indicated below.

Follow-up:

Resulting Action:

Date the matter was resolved or addressed: _____

Manager (print name below signature): _____

Original record filed in: Human Resources re: AODA compliance
 Office of the Medical Officer of Health