



# ACCESSIBILITY FEEDBACK FORM

**Thank you for visiting the Family Counselling Centre. We value all of our service users and strive to meet everyone's needs. If you have an accessibility issue, please complete the following form. This form will be provided in an accessible format upon request.**

1. Please tell us the date and time of your visit: \_\_\_\_\_

2. Did we respond to your service delivery needs today?    YES             NO

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

YES             SOMEWHAT             NO (please explain below)

4. Did you have any challenges in accessing our services?

YES (please explain below)     SOMEWHAT (please explain below)             NO

5. Please add any other comments you may have:

6. Contact information (optional): \_\_\_\_\_

\_\_\_\_\_

**Thank you.**

**Charlotte Beer  
Business Manager**

**Family Counselling Centre is collecting this information so that we can respond to your feedback. If you have questions about the collection or use and disclosure of your personal information, please contact the Business Manager.**