



## Hôpital Notre-Dame Hospital (Hearst)

### WE CARE WHAT YOU THINK

### CUSTOMER FEED BACK FORM

Dear Client/Patient :

Thank you for sharing your feedback with us. Your comments are important because we strive to meet the needs of all of our clients and patients.

Please submit this form to any Hôpital Notre-Dame Hospital official/representative or you may fill out the Questions and Comments form on our web site [www.ndh.on.ca](http://www.ndh.on.ca).

Responses to feedback will be posted on-line at [www.ndh.on.ca](http://www.ndh.on.ca) unless otherwise indicated. The identity of the author will be kept strictly confidential.

Date: \_\_\_\_\_ Time : \_\_\_\_\_

What services were you looking for? \_\_\_\_\_

\_\_\_\_\_

Was our customer service provided to you in an accessible manner?

Yes

Somewhat

No

Comments : \_\_\_\_\_

Did you have any problems accessing our goods and services? Yes No

Comments : \_\_\_\_\_

What could Notre-Dame Hospital do to make it easier for you to access our goods and services? \_\_\_\_\_

If you would like to be contacted please complete the following:

My preferred method of contact is :

Mail

Phone

E-mail

Other (Please specify) \_\_\_\_\_

Name : \_\_\_\_\_ Telephone : \_\_\_\_\_

Address : \_\_\_\_\_ E-Mail : \_\_\_\_\_

May we post your comment on our website? Yes No