

ACCESSIBILITY FEEDBACK FORM

The District of Thunder Bay Social Services Administration Board (TBDSSAB) welcomes public input and comments on the provision of services to persons with disabilities. Your feedback will help us improve our services and will support continual improvement in our delivery of accessible and inclusive customer service.

Date and time of visit:		
What was the purpose of y	our visit?	
What services/programs w	ere you accessing?	
Did we respond to your cu	stomer service needs?	
□ Yes	🗆 No	Somewhat
Please explain:		
Were our services/program	ns provided to you in an a	accessible manner/format?
□ Yes	🗆 No	Somewhat
Please explain:		
Did you encounter any bar	riers or difficulties access	sing services/programs?
□ Yes	🗆 No	Somewhat
Please explain:		
What could we do to make	it easier for you to acces	ss our services/programs?

If you would like to receive a response, please let us know if you prefer to be contacted by telephone or email, and provide the appropriate contact information below:

Contact Information:	

Thank you for your comments!

Alternate formats of this form will be provided upon request

Please return to <u>Contact.Us@tbdssab.ca</u> or Accessibility Committee, 231 May Street South, Thunder Bay, Ontario P7E 1N1