

YOUR VALUABLE FEEDBACK

Nipigon Hospital's Accessibility goal is to meet the needs of our clients, while paying attention to the unique requirements of each and every customer with disabilities.

Your experience, opinion and suggestions will help us achieve and maintain our goal.

Your valuable feedback on our accessibility accommodations can be completed several ways.

1. Complete the short survey included in this pamphlet and bring to the Administration Office
2. Contact the Administration office at (807) 887-3026 ext 223, or by email at admin@ndmh.ca

ACCESSIBILITY ACCOMMODATIONS

Date: _____

On this date, in what department did you receive service?

What type of accommodation did you request?

- Service Animal
- Assistive Device
- Support Person
- Communion Support
- Alternative Format

Did we meet your requested accommodation?

- YES
- NO

If NO, please describe your experience.

Do you feel that we provided you with an *equal opportunity* to benefit from the same health care services, in the same place, and in a similar way as other clients in a timely manner?

- YES
- NO

If NO, please describe your experience.

Were you provided service or care in a way that respected your dignity and independence?

- YES
- NO

If NO, please describe your experience.

If you wish to be contacted to further discuss your experience, please leave your name and contact information below.

Thank You

