



Support. Hope. Thrive.

ACCESSIBILITY FEEDBACK FORM

PROTECTED B WHEN COMPLETE

Name

Date

Address

Do you want your identity to be kept confidential? Yes No

Preferred method of communication:

Home Phone:

Cell Phone:

Email:

Additional contact information/other:

Are you a:

Client

Family member of client

Staff

Visitor

If you are an employee of Stonehenge Therapeutic Community, please state your position and which location(s) you work at?

Position:

Location(s):

In your opinion how accessible is our facility?

Excellent

Good

Fair

Needs Improvement

Poor

Which location did you visit?

Administration Building

Century Home

Morrow Hall

Dougan Hall

Royal Road Community Office

Other _____



Support. Hope. Thrive.

ACCESSIBILITY FEEDBACK FORM

PROTECTED B WHEN COMPLETE

Do you have any comments you would like to share?

Should you require it, please use an additional Complaint Form or paper to capture any additional information.

Did you speak to anyone about your comments or concerns? Yes No

Name of person spoken to: _____

Title of the person spoken to: _____

The response from the person spoken to:

Thank you for completing our Feedback Form. Should you wish to provide your feedback in an alternate format, please contact the Agency directly.