





## THANK YOU FOR TAKING THE TIME TO SHARE YOUR FEEDBACK WITH THE CENTRE FOR FAMILY MEDICINE

	What could CFFM do to make it easier for
Your comments are important	you to access our services?
to us because we want to make	<u> </u>
sure your experience with CFFM	
is the best it can be.	
Building Visited:  10B Victoria Street	
☐ 25 Joseph Street	
☐ Williamsburg	
☐ Wellesley	
Date of Visit:	<del></del>
Time of Visit:	Y
Was the service provided to you in an	X>
accessible manner?	Additional Comments:
Yes Somewhat No	Additional Comments.
Comments:	
X	×
	<u> </u>
	Y
XX	1

Would you like to be contacted?	
☐ No, I do not need to be contacted.	
☐ Yes, please contact me by: (circle one)	
Mail Phone e-Mail	
Complete only if you wish to be contacted:  Name: Address:  Phone :	
E-Mail:	
Please submit this form at any of	

Please submit this form at any of our locations or mail to the Accessibility Coordinator at

25 Joseph Street, Kitchener, ON N2G 4X6

The Centre for Family Medicine is collecting this information in order to respond to your feedback. If you have questions about the collection or use and disclosure of your personal information, please contact the Accessibility Coordinator.