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ACCESSIBILITY STANDARDS FOR CUSTOMER SERVICE

Feedback Form for Residents and All Visitors

At Maison Vale Hospice, we value all of our residents and visitors, and we strive to meet everyone's needs. Comments on our services regarding how well your expectations are being met are welcomed and appreciated.

Please tell us the date and	time of your visit:			
Date:			Time:	AM / PM
Did we respond to your se	rvice needs today?	□ Yes □ No		
Were our services provide	d to you in an acces	sible manner?		
□ Yes □ Somewhat □ No (Please explain below)			
Did you have any problems	s accessing our goo	ds and servic	es?	
□ Yes (Please explain below)	□ Somewhat (Please	explain below)	□ No	
,				

Please add any other comments you may have:			
Do you wish to	receive a response regarding the feedback you have shared?		
□ No □ Yes (I	Yes, please provide your contact information below)		
Please provide	your contact information (optional):		
Name:			
Address:			
City:	Province:		
Telephone:			
Email:			



Thank you for taking the time to share your comments with us. If you have requested a response and have provided your contact information, you may expect to hear from the Executive Director, Léo Therrien, within 10 business days.

Completed forms may be returned in person, by fax, mail, or email to:

Maison Vale Hospice 1028 South Bay Road Sudbury, ON P3E 6J7

Fax: 705-674-5393

Email: info@maisonsudburyhospice.org