

**CANADIAN MENTAL HEALTH ASSOCIATION/PEEL BRANCH  
CONSUMER FEEDBACK FORM**

Thank you for visiting CMHA/Peel Branch.  
Your feedback is vital to helping us improve the way we provide services to everyone in the community.  
Please take a moment to complete this short questionnaire.

1.	Please tell us the date and time of your visit: Date of Visit: _____  Time of Visit: _____	YES	SOMEWHAT	NO	Please add any comments:

2.	Did we respond to your service needs?	YES	SOMEWHAT	NO	Please add any comments:

3.	Were the consumer services provided to you in an accessible manner?	YES	SOMEWHAT	NO	Please add any comments:

4.	Did you have any problems accessing our services?	YES	SOMEWHAT	NO	Please add any comments:

**CONTACT INFORMATION (OPTIONAL)**

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**THANK YOU FOR YOUR FEEDBACK!**