

Accessibility for Ontarians with Disabilities Act (AODA) Survey and Feedback Form

Middlesex Hospital Alliance is committed to providing quality health services. This means access to safe and effective services delivered in a respectful and compassionate manner. Your feedback is used to make sure we meet all reasonable expectations and make improvements where necessary. We can arrange for accessible feedback and alternate formats upon request.

Please return completed survey to the attention of:

Accessibility Champion Middlesex Hospital Alliance 395 Carrie Street Strathroy, ON N7G 3J4 Phone: 519-246-5925

Email: accessibility@mha.tv.ca or fax to: 519-246-5931

When did you visit Mic	Idlesex Hospital Alliance (date a	nd time)?		
What hospital (Strathrodid you visit?	y Middlesex General Hospital and F	our Counties	Health Services) and o	department
Did we respond to you Please explain:	r customer service needs?	Yes	No	
Was our service provided in an accessible manner? Please explain:		Yes	No	
Did you have any problems accessing our services? Please explain:			No	
How can we improve a	accessibility at Middlesex Hospit	al Alliance?		
Do you have any othe	r comments?			
	Contact Informati	on (Optiona	al):	
Name:	_		,	
Address:				
Phone Number:				
E-Mail Address:				

Mail 🗌

Phone

Preferred Method of Contact (please check off box):