

## **Feedback Form for Individuals with Disabilities**

The Ottawa Mission values all of our clients and strives to meet everyone's needs. The Organization offers the opportunity to provide feedback on the service provided to clients with disabilities. Please

СО	mplete the feedback qu	uestionnaire below.		
۱.	Were you satisfied wi	th the service we provided you?	Yes 🗌	No 🗌
	Comments:			
2.	Was our service provide	ded to you in an accessible manner?	Yes 🗌	No 🗌
	Comments:			
3.	Did you experience ar	ces? Yes 🗌	No 🗌	
	Comments:			
	Contact Information (Optional)			
	Name:			
	Address:			
	Phone Number:			
	Email Address:			