



Thunder Bay District
Health Unit

Client Feedback Form

How was your service today?

Date: _____

What service(s) were you here for?

I was able to receive public health programs or services
in the official language (English/French) that I am most comfortable: Yes No

Public health programs or services I received were accessible
in terms of meeting the requirements of the
Accessibility for Ontarians with Disabilities Act (AODA)? Yes No Unsure

What would you like to tell us about your experience?

If you would like to speak to someone about your experience, please share your contact
information below:

Name: _____

Phone _____

Email: _____

Thank you! Feedback from clients is welcome and is used to help us improve our services.

Feedback can also be sent by email to clientfeedback@TBDHU.com