



Accessibility Feedback Form

Thank you for visiting K3C Counselling Centres! We value all of our clients and strive to meet everyone's needs.

Please tell us the date and location of your visit:

Date: _____ Location: _____

1. Were you satisfied with the client service we provided you?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
------------------------------	-----------------------------	-----------------------------------

Comments

2. Was our client service provided to you in an accessible manner?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
------------------------------	-----------------------------	-----------------------------------

Comments

3. Did you experience any problems accessing our services?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
------------------------------	-----------------------------	-----------------------------------

Comments

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____

Thank-you, Management