



# Accessibility for Ontarians with Disabilities Customer Feedback Policy & Form

Clear Medical Imaging will make available written information and other forms of communication accessible upon request and has a process by way of the below Form for receiving and responding to feedback to ensure that all of our processes are accessible to person with disabilities.

Thank you for visiting Clear Medical Imaging. We value our patients and strive to meet everyone’s needs. Did we respond to your customer service needs today? <input type="checkbox"/>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Would you like a representative of Clear Medical Imaging to contact you regarding your feedback? <input type="checkbox"/> Yes (Please provide contact details and you will be contacted within 3 business days) <input type="checkbox"/> No	
Date of Visit:	Time of Visit:
Name (optional):	
Contact Information (optional):	
Was our customer service provided in an accessible manner? <input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No (please explain below)	
Did you have any problems accessing our goods and services? <input type="checkbox"/> Yes (please explain below) <input type="checkbox"/> Somewhat (please explain below) <input type="checkbox"/> No	
Please add any other comments you may have:	

Signature of Patient/Visitor (optional): \_\_\_\_\_

Signature of Clear Medical Imaging Manager: \_\_\_\_\_