



IHSA Service Feedback Form

Thank you for visiting Infrastructure Health & Safety Association! We value all of our customers 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 service we provided you?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comments

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comments

3. Did you experience any problems accessing our goods and services?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comments

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____

Email this form to: AODA@ihsa.ca