



**Accessibility for Ontarians with Disabilities Act  
(AODA) Survey and Feedback Form**

Grey Bruce Health Services is committed to providing quality health services. This means access to safe and effective services delivered in a respectful and compassionate manner. Your feedback is used to make sure we meet all reasonable expectations and make improvements where necessary.

Please return completed survey to the attention of:

Director of Patient Relations & Patient Safety  
 Grey Bruce Health Services  
 PO Box 1800, 8<sup>th</sup> Street East, Owen Sound, ON N4K 6M9  
[web@gbhs.on.ca](mailto:web@gbhs.on.ca) or fax to: 519-372-3956

When did you visit Grey Bruce Health Services (date and time)?

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What hospital (*Owen Sound, Markdale, Meaford, Southampton, Wiarton, and Lion's Head*) and department did you visit?

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Did we respond to your customer service needs?      Yes                  No  
 Please explain:

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Was our service provided in an accessible manner?      Yes                  No  
 Please explain:

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Did you have any problems accessing our services?      Yes                  No  
 Please explain:

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How can we improve accessibility at Grey Bruce Health Services?

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Do you have any other comments?

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**Contact Information (Optional):**

|                        |  |
|------------------------|--|
| <b>Name:</b>           |  |
| <b>Address:</b>        |  |
| <b>Phone Number:</b>   |  |
| <b>E-Mail Address:</b> |  |

**Preferred Method of Contact (please circle):    Mail                  Phone                  E-Mail**