



Accessibility Feedback Form

CCNM values our students, employees, patients, and customers, and strives to meet everyone's needs. We are committed to providing quality goods, services, and facilities that are accessible to all persons that we serve.

Your feedback is important in helping us improve accessible services at CCNM. Please take a moment to complete this feedback form and let us know how we are doing.

Accessible formats and communication supports are available upon request to enable all customers to provide feedback in a manner that meets their needs. To request an alternate format or support, please contact Moonsun Jang, Equity, Diversity, and Inclusion (EDI) Officer at mjang@ccnm.edu.

Date: _____

Location of experience (if applicable): _____

I am:

- An employee
- A student
- A visitor
- A patient
- A customer
- Other: _____

Were you satisfied with the accessibility of our service, goods, and facilities?

- Yes
- No
- Somewhat

Why or why not?



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Did you experience any barriers to accessing our goods, services, or facilities?

- Yes
- No
- Somewhat

If yes or somewhat, please explain:

Do you have any recommendations to make accessing our goods, services, or facilities easier for people with disabilities?

- Yes
- No

If yes, please explain::



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TORONTO 1255 Sheppard Ave E,

BOUCHER 330-435 Colborne St,

ccnm

(416) 496-1255

New Westminster, BC, V3L 5N8
(604) 777-0251