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## 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](mailto: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:**

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**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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**Additional comments:**

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**Contact Information**

You are invited to provide your contact information to enable the company to follow up regarding your feedback. This is optional. Your contact information will be kept confidential and secure and will be used for the sole purpose of responding to your feedback.

**Name:** \_\_\_\_\_

**Preferred contact method:**  E-mail  Phone  Other: \_\_\_\_\_



**CCNM**

CANADIAN COLLEGE OF  
NATUROPATHIC MEDICINE

**Contact information:**

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**Thank you for your feedback**

**Email:** hr@ccnm.edu  
**Telephone:** 416-498-1255 ext. 349  
**Fax:** 416-498-3177  
**Mail:** 1255 Sheppard Avenue East, Toronto, Ontario M2K 1E2  
 Attention: "EDI Officer"

<b>FOR OFFICE USE ONLY</b>	
Date feedback was received: _____	Received by: _____
Follow up required: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when was it done: _____
Action required: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain what action was taken: _____	