Date of Visit:	;		
Time of Visit:			
Was our cust	comer service pro	ovided to you in a way that was accessible to you?	
□ Yes	\square No	☐ Somewhat	
Comments:			
-	=	Gallery or St. Boniface Hospital could do to make it	
easier for yo	u to access our p	programing and facilities?	
Please let us	know of any oth	er comments you may have:	

Would you like us to follow up with you regarding the feedback you have provided? If so, please provide us with contact information below.
□ Yes □ No
Full name:
□ By Email:
□ By Phone:
☐ In writing (mailing address):

<u>Please forward this form to Tanya Gadd- Commercial Services Manager</u> **tgadd@sbgh.mb.ca**