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Your feedback is valuable to us. Please let us know what you think of our service by circling one of the numbers between 1 and 5, or NA (does not apply). Your response is confidential and will not affect your use of this clinic. Your answers will be used to improve the service you receive.

Date: _____ Clinic: South Asian Legal Clinic of Ontario

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	NA
1. Clinic staff were courteous and pleasant	1	2	3	4	5	NA
2. The service was accessible by phone. (some one answered or I was able to leave a message)	1	2	3	4	5	NA
3. The clinic was conveniently located. (easy to find and to get to)	1	2	3	4	5	NA
4. The hours when the clinic is open are convenient	1	2	3	4	5	NA
5. How satisfied were you overall with the service you received from the clinic?	Very Dissatisfied	Dissatisfied	Neither Dissatisfied Nor Satisfied	Satisfied	Very Satisfied	NA
	1	2	3	4	5	NA

6. Are there any areas where you think we could improve?

Thank you for taking the time to complete this survey