Assiniboine Clinic Ongoing Improvement Form

Date: _____

Name:_____

Contact Number: _____

My feedback is regarding: ☐ Parking ☐ Staff ☐ Policy ☐ Wait times ☐ Other _____

Please tell us about your Experience:

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What would you like to see differently in the future?

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Please return this form to:
Executive Director
Assiniboine Medical Clinic
633 Lodge Ave. R3J 0S9
Or
feedback@assiniboineclinic.com

The Assiniboine Clinic would like to thank you for your feedback and contributing to the ongoing improvement of our clinic.