

**Election Feedback form**

**Your name and role** \_\_\_\_\_

**Address** \_\_\_\_\_

**Name of Candidate that you met with** \_\_\_\_\_

**Riding name** \_\_\_\_\_

**Political Party**

- Liberal**
- Conservative**
- NDP**
- Bloc**
- Other**

**Duration of meeting**

- 15 minutes or less**
- 15-30 minutes**
- 30 minutes or more**

**Was the candidate knowledgeable on health issues?**

**Yes**                          **No**   

**General comments and feedback from the meeting**

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**Please print form and return to Teresa Neuman at 613-241-5055 (fax) or  
tneuman@cha.ca.**