



# AODA Feedback Form

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|---|--|
| Date of Visit:<br><br>(required)  | Time of Visit:<br><br>(required)   |
| What was the purpose of your visit today?<br><br>(required)   |  |
| Did we respond to your customer service needs today? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(required)   |  |
| If no, please explain:  |  |
| Was our customer service provided to you in an accessible manner? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(required)  |  |
| If no, please explain:  |  |
| Did you have any problems accessing our goods and services? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(required)  |  |
| If yes, please explain:   |  |
| Please add any other comments/suggestions you may have:   |  |
| Please provide us with your contact information below:<br>(Any personal information is collected pursuant to Ontario Regulation 429/07, the Accessible Standards for Customer Service and will be used strictly for the purpose of responding to your feedback) |  |
| Full Name:  |  |
| Mailing Address   | Telephone Number:  |
|   | E-mail:  |
| Would you like to be contacted regarding your feedback? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| If yes, please ensure you complete the contact information above.   |  |
| How would you like to be contacted?   | <input type="checkbox"/> Telephone<br><input type="checkbox"/> E-mail<br><input type="checkbox"/> Mail |
| How may we ensure this contact method meets your disability requirements?   | <input type="checkbox"/> Large font<br><input type="checkbox"/> Alternate format including:            |

All feedback will be directed to Human Resources and/or Senior Management.  
Responses will be provided within ten (10) business days.