

Accessibility Customer Service and Employee Feedback Form

Contact Information:

Name:	
Address:	
City:	
Province:	
Postal Code:	
Phone Number:	
Email Address:	
Date:	

Please check appropriate boxes and fill out required sections below:

1.	Is the feedback a concern or a complaint?	<input type="checkbox"/> concern	<input type="checkbox"/> complaint
2.	Is the feedback regarding a facility or a service?	<input type="checkbox"/> facility	<input type="checkbox"/> services
3.	If the feedback is regarding a facility, what is the name of the site?	<input type="checkbox"/> Division Street <input type="checkbox"/> Advance Avenue <input type="checkbox"/> Sharbot Lake <input type="checkbox"/> Northbrook <input type="checkbox"/> Sydenham <input type="checkbox"/> Other	
4.	What does the feedback pertain to?	<input type="checkbox"/> accessible <input type="checkbox"/> communication <input type="checkbox"/> assistive devices <input type="checkbox"/> service animals <input type="checkbox"/> service disruption <input type="checkbox"/> support persons <input type="checkbox"/> other (please specify in the additional comments section below:	
5.	What is the best way to contact you?	<input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Other (please specify in the additional comments section below)	

Details of the feedback: (If required, please use additional pages)
