

Manual: Human Resources	Policy Number: AODA-4
	Policy Name: Customer Feedback Form
Document Owner:	Page: 1 of 2
Effective Date: January 22, 2018	Revised: December 6, 2023

AODA – Accessibility Standards for Customer Service Record of Customer Feedback Form				
Thank you for visiti meet everyone's nee	9	e value all of our customers and strive to		
Please tell us the da	te and location of your v	isit:		
Date: Location:				
-	ied with the customer so checking the boxes that	ervice we provided you? (Please indicate at apply).		
☐ Yes	□ No	☐ Somewhat		
2. Was our custom	er service provided to y	ou in an accessible manner?		
2. Was our custome	er service provided to y	ou in an accessible manner?  ☐ Somewhat		
☐ Yes				
☐ Yes  Comments  3. Did you experien	nce any problems acces	Somewhat  Somewhat  sing our goods and services?		
☐ Yes  Comments	□ No	□ Somewhat		

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## **Contact Information (optional)**

Name:	Phone:
Email:	
Thank you,	
Management	