



**Accessibility for Ontarians with Disabilities Act (AODA)
Customer Service Feedback Form**

Your feedback is important to us. By answering the following questions, you will help the Agency to better assist you in accessing our services.

1. Date of Visit: _____ **Time of Visit:** _____

2. Please indicate your affiliation with the Agency by checking one of the categories below:

- Client Staff Volunteer Foster Parent
 Visitor Placement Student Other

3. Was our service provided to you in an accessible manner?

- Yes Somewhat No

If “No” or “Somewhat”, please explain:

4. Did you encounter any problems in accessing our services?

- Yes Somewhat No

If “No” or “Somewhat”, please explain:

5. Please add any comments you may have:

6. Would you like an Agency Representative to contact you?

- Yes No

If yes, please provide your name and contact information:

The Agency understands that individuals with disabilities may use methods other than standard print to access information. If you require us to process your feedback in a different format, please contact the Human Resources Manager at (416) 638-7800 ext. 6214. The Manager will also answer your questions about the collection, use and disclosure of your personal information. Thank you.