



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

Thank you for the opportunity to offer you our services. We value all of our customers and strive to meet everyone's needs.

Please tell us the date and location of your visit:

Date: _____ Location: _____

Please put an X next to your response.

1. Did we respond to and meet your customer service needs?

Yes No Somewhat
If no please explain

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

Yes No Somewhat
If no please explain

3. Did you experience any problems accessing our goods or services?

Yes No Somewhat
If no please explain

Contact Information (optional)

Name: _____ Phone or Email: _____

We apologize for any inconvenience caused you and thank you for taking the time to complete this feedback form.