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|  | **Feedback and Alternative Format Request** |

# How Are We Doing?

Please take a few minutes to fill out this survey on the provision of goods or services to persons with disabilities and to request alternative format and communication support if necessary. Thank you for your participation.

## AODA Customer Service Feedback

### Did we respond to your customer service needs?

Outstanding  Good  Adequate

Needs improvement  Poor  N/A

### Was the customer service provided to you in an accessible manner? If No, please explain below in the additional feedback section.

Outstanding  Good  Adequate

Needs improvement  Poor  N/A

### Did you encounter any problems in accessing our goods or services? If yes, please explain below in the additional feedback section.

Outstanding  Good  Adequate

Needs improvement  Poor  N/A

## Request for Accessible Formats and Communication Supports

### Document or service requested:

|  |
| --- |
|  |
|  |

### Preferred formats:

|  |
| --- |
|  |
|  |

### How would you like us to respond to your request?

E-mail  Telephone  Mail  Other

## Additional Feedback

|  |
| --- |
| Please list any areas in which our service could be improved. |
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| Please share any additional comments. |
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## Personal Information

Thank you for taking the time to complete this survey. We rely on your feedback to help us improve our services.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email |  |
| Phone |  |
| Fax |  |
| Visit Date |  |
| Time of Visit |  |
| Location |  |
| Department |  |

## For Internal Use Only:

Note for employee: Complete this part of the form and any other parts that may be required. Return the completed form to Department Manager and HR

|  |  |
| --- | --- |
| Who received the request? |  |
| What was requested? |  |
| Request Date |  |
| Time of Request |  |
| Location |  |
| Department |  |
| Who dealt with request and how? |  |
| Was the customer satisfied with resolution? |  |
|  |  |