



Accessible Customer Service Feedback Form

Customer Contact Information:

Name:

Address:

Province:

Email:

Postal Code:

City:

Phone:

Date:

Please check appropriate boxes and fill out required sections:

1. Is the feedback a Concern or a Compliment? Concern Compliment
2. Is the feedback regarding a facility of a service? Facility Service
3. If the feedback is regarding a facility, what is the name of the office? Windsor Leamington
4. What does the feedback pertain to?
 - Accessible Communication
 - Assistive Devices
 - Service Animals
 - Service Disruption
 - Support Persons
 - Other (please specify in the additional comments section below)
5. What is the best way to contact you?
 - Email
 - Phone
 - Textnet/TTY
 - Other (Please specify in the additional comments section below)

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

RETURN COMPLETED FORM TO:

In Person: At the reception counter in the Windsor Office

By Mail: Executive Assistant, to the CEO
1671 Riverside Dr. East
Windsor, ON N8Y 5B5

By Fax: 519-971-0339