

AODA – Accessible Customer Service/Employee Feedback Form

Contact Information:

Date:	
Name:	
Address:	
City:	
Province:	
Postal Code:	
Phone Number:	
Email:	

Please check appropriate boxes and fill out required section below:

- Is the feedback a concern or a complaint?

 Concern Complaint

- Is the feedback regarding a facility or a service?

 Facility Service

- If the feedback is regarding a facility, where is the site located:

 Kingston Napanee Sharbot Lake

 Northbrook Sydenham

 Other _____

- 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)

- What is the best way to contact you?

 Email

 Telephone

 Other _____

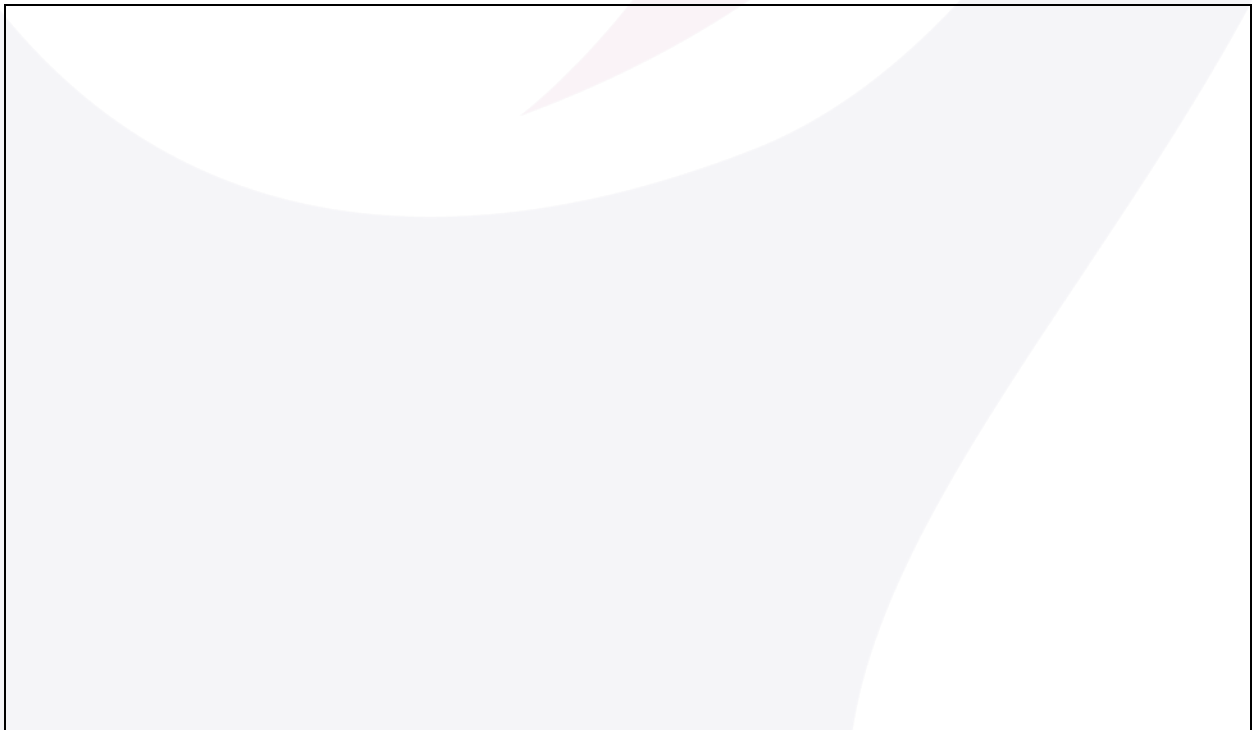
Details of the feedback:

(If required, please use additional pages)

A large, empty rectangular box with a thin black border, intended for providing details of feedback. The box is currently blank.

Additional Comments/Details of the feedback:

(If required, please use additional pages)

A large, empty rectangular box with a thin black border, intended for providing additional comments or details of feedback. The box is currently blank.

Return Completed Form To:

In Person: At any of our Agency Reception counters
Attention: Human Resources

By Mail: 817 Division Street
Kingston ON K7K 4C2

By Fax: 613-542-4428

By Email: hr@facsla.ca

We welcome your feedback, alternate accessible formats and communication supports can be arranged upon request.