

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

If applicable, please tell us the date of your visit or phone call:

Date: _____

Did we respond to your customer service needs?

YES SOMEWHAT NO

If you answered somewhat or no, can you please explain:

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

YES SOMEWHAT NO

If you answered somewhat or no, can you please explain:

Is there anything that The Good Companions could do to make it easier for you to access our programs and services?

Please add any other comments or feedback that you have:

OPTIONAL INFORMATION: Complete this section *only* if you wish to be contacted.

Name and Contact Information:

Name (first and last): _____

Address: _____

Phone Number: _____

Email Address: _____

Preferred method of communication:

What is the best way for us to get in touch with you?

Phone Call Text Message Email Written Letter

Other (*please explain*): _____

Accessibility Feedback – Additional Contact Information:

The Good Companions welcomes your feedback. It helps us to identify areas where changes need to be considered and allows us to explore ways in which we can improve the delivery of our programs and services to persons with disabilities.

Aside from completing and submitting this form, feedback may be provided by telephone, email, or in person at the main reception.

By Mail:
Accessibility Request
670 Albert Street
Ottawa, ON K1R 6L2

Email: info@thegoodcompanions.ca
Telephone: 613-236-0428 x 2100

Thank you for your feedback. We will review your comments and respond as soon as possible.

FOR OFFICE USE ONLY

Date feedback was received: _____ Received by: _____

Follow up required: YES NO Date follow-up completed: _____

If yes, please describe follow-up process, including any action plan required:

