

**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:

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

YES       SOMEWHAT       NO

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

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

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**Please add any other comments or feedback that you have:**

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**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](mailto: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:**

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