

Request for Documentation in an Accessible Format or Communication Support Form

Our documents are available in various accessible formats upon request. You may use the form below or contact us via the contact information at the end of this page to request an accessible format or communication support.

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 Text Email Written Letter

Other (please explain): _____

Document Information:

Name of Requested Document (or description of document, if official name is unknown):

Date Required: _____

Accessible format or communication support requested (please explain any specific needs):

Accessible formats could include, but are not limited to: large print, colour contrast, electronic formats, text transcripts of visual and audio information, or email.

Communication Supports could include, but are not limited to: plain language, having a staff member/volunteer read the written information aloud, and other supports that facilitate effective communication.

Please note: In order to ensure the suitability of an accessible format or communication support provided, The Good Companions will need to consult with you or the individual making the request for guidance on how we can best meet your needs.

Accessibility Feedback/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
The Good Companions
670 Albert Street
Ottawa, ON K1R 6L2

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

Thank you for your request. We will review your request 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: _____
