

ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES ACT (AODA) FEEDBACK FORM

Date of Visit: _____ Time of Visit: _____

Did we respond to your customer service needs? Yes No

If no, please explain:

Was our customer service provided to you in an accessible manner? Yes No

If no, please explain:

Optional Information – Complete only if you wish to be contacted.

The personal information that you provide on this form will only be used for the purpose of responding to your request for accommodation.

Full Name: _____

My preferred method of contact is:

Mail: Address: _____
City Prov Postal
 Phone: _____
 Email: _____

This form can be returned to the attention of the **Office of Human Resources:**

Email: HR@weirfoulds.com
Fax: 416-365-1876
Mail: 4100 - 66 Wellington Street West
PO Box 35, TD Bank Tower
Toronto, ON, Canada
M5K 1B7

Should you require any assistance completing this form, we would be happy to assist you.

Thank you for your feedback.