



AODA Customer Feedback Form

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) is provincial legislation that aims to achieve a fully accessible Ontario.

It is the intent of all personnel representing Laurier Group to provide information to all persons accessing our goods and services in a format that would assist them in their decision making process. We are committed to providing quality services that are accessible to all and we will make every reasonable effort to ensure our policies, practices and procedures are consistent with the principles of dignity, independence, integration and equal opportunity.

Please take a moment to complete this form in detail. It will then be submitted to Head Office for follow up:

Location of Visit: _____

Date of Visit: _____ **Time of Visit:** _____

What was the purpose of your visit today? _____

1. Please outline in detail the nature of your concern including names of all individuals involved;

2. Was our customer service materials provided to you in an accessible manner? Yes No
If no, please explain:

3. Did we respond appropriately to your customer service needs today? Yes No
If yes, please explain:



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Please provide us with your contact information below:

(Any personal information is collected pursuant to Ontario Regulation 429/07, the Accessible Standards for Customer Service and will be used strictly for the purpose of responding to your feedback)

Full Name: _____

Mailing Address: _____

Phone #: _____ **Email Address:** _____

Customers will be responded to within 2 business days and if it is not possible to resolve the issue/inquiry during that time, the acknowledgement will outline what steps are being taken and whether there will be further response.

How would you like to be contacted? Telephone Email Mail

Thank you for your feedback.

Laurier Group Contact Information:

Email: reneeseon@laurierhomes.com

Telephone: 905-738-2009 ext.233 / Fax: 905-738-0411

Mail: 150 Connie Crescent, Unit 4, Concord, Ontario, L4K 19L

FOR OFFICE USE ONLY

Date Feed Back Received: _____

Received By: _____

Action and Follow Up: _____

Signature: _____

Date of Follow Up: _____