

**Accessible Customer Service Feedback Form (AODA) – Ontario**

Thank you for visiting Krasman Centre. We value our program participants and welcome feedback on the accessibility of our goods, services, and facilities. Accessible formats and communication supports are available upon request to enable all participants to provide feedback in a manner that meets their needs. To request an alternate format or support, please contact our administrative department at info@krasmancentre.com.

If negative feedback or a complaint is received, the organization takes all reasonable measures to resolve the issue to prevent future occurrences. Where the participant’s contact information has been provided, the organization will respond to the complainant within 3 business days to inform them of the measures that have been or will be taken.

Thank you for your feedback! You can find additional information about our accessibility practices in our Accessibility Policy, available on our website or by request to: info@krasmancentre.com

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you satisfied with the accessibility of our service, goods, and facilities?

□Yes

□No

□Somewhat

Why or why not?

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Did you experience any barriers to accessing our goods, services, or facilities?

□Yes

□No

□Somewhat

If yes or somewhat, please explain.

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Do you have any recommendations to make accessing our goods, services, or facilities easier for people with disabilities?

□Yes

□No

If yes, please explain.

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Are you satisfied with the accessibility of our feedback process?

□Yes

□No

□Somewhat

Why or why not?

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Did you experience any barriers to providing feedback?

□Yes

□No

□Somewhat

If yes or somewhat, please explain.

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Additional comments

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**Program Participant Contact Information**

Participants are invited to provide their contact information so that Krasman Centre can follow up with them regarding their feedback. This is entirely optional. If a participant chooses to provide their contact information, it will be used for the sole purpose of responding to their feedback.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred contact method: □ E-mail □ Phone □ Other. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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