



## AODA Customer Service Feedback Form

Providing quality service that is accessible to our consumers and visitors, will help us monitor and improve our services and your service experiences. Your feedback will help us identify where changes should be considered, ways in which we can improve how we deliver services to tenants and other people with disabilities, and what we are doing a good job at.

Feedback may be provided by:

Mail or deliver to: 236 Victoria Street North, Kitchener, N2H 5C8

E-mail to: bbar@thresholdsupports.ca

Telephone:(519) 742-3191

The date of the service experience you would like to provide feedback on:

What service did we provide?

Did we meet your service needs?	1 No	2 A Bit	3 Somewhat	4 Almost	5 Yes
Did you receive the service, information, or help you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you treated in a courteous and considerate manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was service provided in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was our service provided to you in an accessible manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any problems accessing the service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you satisfied with your overall service experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give the details of your service experience.

Do you have suggestions that will help us enhance the way we provide services to people with disabilities?

### Contact details: (optional)

If you want to receive a reply, please let us know how you would prefer us to contact you.

Email – Your email address is:

Phone – Your phone number is:

Mail – Your mailing address is:

TTY–Your TTY number is:

Other - specify:

### This document is available in alternate formats upon request.

Feedback is collected in accordance with Section 7 of Ontario Regulation 429/07, Accessibility Standards for Customer Service made under the *Accessibility for Ontarians with Disabilities Act, 2005*. Any personal information provided with this feedback will be used by Thresholds to contact you if a response is requested