



AODA CUSTOMER FEEDBACK FORM

This form is provided in accordance with the Residential Tenancies Act and the Accessibility for Ontarians with Disabilities Act.

ELRL is committed to providing quality customer service to all of our residents, prospective residents and guest. We would appreciate your feedback on the manner in which we provide goods, services and facilities to persons with disabilities.

1. Today's Date: _____,
2. I am (check 1): Tenant Occupant Guest Prospective Tenant Other _____
3. Date of Incident: _____ Time of Incident: _____
4. Facility or Individual(s) Involved: _____
5. Did you have trouble accessing any of our facilities? YES NO
6. Please provide details of your experience/event: (attach additional sheets if required) _____

7. How could we improve our service to you? (attach additional sheets if required) _____

Our Compliance Officer will review this feedback. If serious concerns are raised with respect to our delivery of goods, services or facilities to persons with disabilities we will provide a response to your concerns in three business days. Should the Compliance Officer need more time, he/she will notify you of the need for time.

If you would like to hear from us in regard to this feedback, please provide your contact information.

Name: _____, Address: _____

Preferred method of contact: _____

Feedback can also be provided by filling this form and returning to our Compliance Officer or by contacting our Compliance Officer by phone, email, fax, mail, or diskette. ELRL Compliance Officer, 289 Highway 108 N, Elliot Lake, ON P5A 2S9. Phone 705 848 4911 ext. 531. Fax 705-848-5322. Email: camond@elrl.ca. This form is available in alternate format upon request.