

AODA - COMPLAINT FORM

The Society strives to provide and to improve accessibility to our premises and services to persons with disabilities.

We value feedback on your experience in regard to accessibility to our premises and services. If we have not met your expectations we would like to know and would appreciate the opportunity to make matters right.

Please complete this form. Your complaint will be forwarded to the Director of Human Resources.

Please let us know if you would like assistance in completing the form. This document is available in printed form and on our website www.hamiltonccas.on.ca.

You will receive an acknowledgement of receipt of the complaint within five days. We plan to respond to your complaint in writing within two weeks.

Your comments and concerns remain confidential and we only inform those who need to know. We will not unnecessarily divulge information concerning your disability.

Tell us of the date of your visit: _____

Was our service provided to you in an accessible manner? <i>(Please explain)</i>	YES	SOMEWHAT	NO
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Did you have a problem accessing our premises? <i>(Please explain)</i>	YES	SOMEWHAT	NO
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Please add any other comments you may have:

Contact Information

Name: _____

Address: _____

Telephone number: _____

Email address: _____

Thank you for taking the time to complete this form.