



Member/Guest Service Feedback Form
Accessibility for Ontarians with Disabilities Act (AODA)

We value all of our members and guests and strive to meet everyone's needs.

Please tell us the date and location of your visit:

Date: _____ Location: _____

1. Were you satisfied with the customer service we provided you?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
------------------------------	-----------------------------	-----------------------------------

Comments

2. Was our customer service provided to you in an accessible manner?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
------------------------------	-----------------------------	-----------------------------------

Comments

3. Did you experience any problems accessing our goods and services?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
------------------------------	-----------------------------	-----------------------------------

Comments

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____ Member Number: _____

Thank-you,
Grace Lennon, General Manager

Human Resources
Published: January 1, 2014
Revised: April 18, 2017