

Feedback Form

ACCESSIBILTY FOR ONTARIAN'S WITH DISABILITIES ACT

Kerry's Place is committed to providing accessible customer service to visitors in accordance with the Accessibility for Ontarians with Disabilities Act (AODA). Kerry's Place encourages feedback to help us improve our services.

GENERAL INFORMATION						
Date of Visit						
Do you require a response		Yes (plea	se fill	out conta	ct information)	□No
Format for Response]Phone		Email	Mail	
CONTACT INFORMATION (OPT	ΓΙΟΙ	NAL)				
Name:						
Mailing Address			Phon	e:		
			Emai	l:		
FEEDBACK						
1. Are you satisfied with the c		omer serv	vice pr	ovided du	ring your visit at	
Kerry's Place Autism Service	es?					YES
Comments:						□NO
2. Did any employees/ depart	mei	nts assist	you d	uring your	visit?	
Name of the employee:						YES
Department:						
						NO
3. Were the employees who a	ıssis	sted you l	knowle	edgeable a	ind familiar with	
AODA?						YES
Comments:						
						UNO
4. Were your needs adequate	lv n	net durin	g vour	visit at Ko	rry's Place?	
Comments:	. i y 11	ict during	₅ your	visit at NC	Try 3 Flace:	YES

Please forward your feedback to the Human Resources Department

By Mail or in Person at:

Aurora, ON L4G 1W9

34 Berczy Street

By Fax: 905-841-7346
By Email:
hradmin@kerrysplace.org
By Telephone:
905-841-6611
Internal Only
Date Received:
Received by:
Follow Up Action:
Action Completed by:
Date: