**ACCESSIBILITY FEEDBACK**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Visit:** |  | **Time of Visit:** |  |

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| --- |
| Please indicate your affiliation with the Society by checking one of the categories below: |
| Service User  Employee  Volunteer  Foster Parent  Visitor  Placement Student  Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Was our service provided to you in an accessible manner? | | | Yes  Somewhat  No | |
| If **No** or **Somewhat** please explain: | | | | |
|  | | | | |
| Please add any other comments you have: | | | | |
|  | | | | |
| Do you wish to make an accessibility complaint? | | No  Yes *(please fill out information below)* | | |
| Would you like a Society Representative to contact you? | | No  Yes *(please fill out information below)* | | |
| Name: |  | Number: | |  |

You may submit this completed form via email, fax, regular mail, or in person:

Manager of Human Resources

1110 Jade Court, Thunder Bay, ON, P7B 6M7

**Email:** [contact-form@thunderbaycas.ca](mailto:contact-form@thunderbaycas.ca) **Fax:** 807-343-0141 **Phone:** 807-343-6116

*We will contact you within one business day.*

The Society understands that person with disabilities may use methods other than standard print to access information. If you require us to process your feedback in a different format, please contact the Manager of Human Resources as outlined above. The Manager will also answer your questions about the collection, use and disclosure of your personal information. Thank You