

### ACCESSIBILITY FEEDBACK 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 Communications and Human Resources departments.

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.hccas.ca](http://www.hccas.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?      YES                      SOMEWHAT                      NO  
*(Please explain)*

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Did you experience difficulty accessing our premises?      YES                      SOMEWHAT                      NO  
*(Please explain)*

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Please add any other comments you may have:

Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Thank you for taking the time to complete this form.