



Ontario Accessibility Feedback Form

Please use this feedback form for accessibility related concerns only.				
			We value everyone and strive to meet the opportunity to learn and improve.	eir needs. We
Ple	ease tell us the date of	of your visit:		
1.	Did we provide service to you in an accessible manner?			
	☐ Yes	☐ No	☐ Somewhat	
	Comments			
2.	Did you encounter	r any barriers or difficulties in	accessing our services?	
	☐ Yes	□ No	☐ Somewhat	
	Comments			
3.	What could the co	mpany do to make our servic	e more accessible to you?	
	Comments			
4.	Please add any otl	her comments/questions/sug	gestions	
0-		tional)		
		otional) – complete only if you w eferred contact method.	ish to be contacted.	
Na	me:			
Te	lephone:			
Em	nail:			



Mailing Address:



Thank you, Management			
Please note any personal information collected through completion of this feedback form will be kept private and will only be used for the sole purpose of responding to the submitted inquiory.			
Please complete this form and email the form to canadahrteam@amlrightsource.com If you have questions ser an email to the above email address. All feedback is directed to HR and responses will follow within ten busines days.			