



Ontario Accessibility Feedback Form

Ple	ease use this feedb	ack form for accessibility rela	ated concerns only.	
			nt Canada Limited. We value everyone and sovides a valuable opportunity to learn and imp	
Ple	ase tell us the date	of your visit:		
1.	Did we provide service to you in an accessible manner?			
	☐ Yes	☐ No	☐ Somewhat	
	Comments			
				-
2.	Did you encounter any barriers or difficulties in accessing our services?			
	☐ Yes	☐ No	☐ Somewhat	
	Comments			
				_ _
3.	What could the co	empany do to make our servi	ce more accessible to you?	
	Comments			
				-
4.	Please add any ot	her comments/questions/suç	ggestions	
		otional) – complete only if you v eferred contact method.	vish to be contacted.	
Na	me:		_	
Tel	Telephone:			
Em	ail:			



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 sent an email to the above email address. All feedback is directed to HR and responses will follow within ten business days.			