

Accessibility for Ontarians with Disabilities Act (AODA)

**Feedback Form**

---

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of the CCBST staff involved in the situation, if applicable:

---

Name of the CCBST location you wish to provide Feedback about:

---

Were you able to receive the service or information you wanted?       Yes       No

Please provide details about the situation:

---

---

---

---

---

If you wish to be contacted by staff, please provide your daytime contact information:

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

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

Phone: \_\_\_\_\_

How would you prefer to be contacted?     Phone     Email     Regular mail     Other \_\_\_\_\_

**Note: Kindly send the filled form on [aoda@ccbst.ca](mailto:aoda@ccbst.ca)**

**Confidentiality Statement:** Personal information including information pertaining to the nature of an individual's disability and individuals named in the event will be kept confidential. Staff and others acting on behalf of CCBST will be informed of details on a need-to-know basis only.