



AODA CUSTOMER FEEDBACK FORM

made pursuant to the provisions of the **Residential Tenancies Act, 2006**, S.O. 2006, c.17 (hereinafter the "R.T.A.") and the **Accessibility for Ontarians with Disabilities Act, 2005**, S.O. 2005, c. 11 (hereinafter the "AODA") This AODA Customer Feedback Form is © Federation of Rental-Housing Providers of Ontario, 2011

We are committed to providing exemplary service to all of our tenants, prospective tenants and guests. We would appreciate your feedback on the manner in which we provide goods and services to persons with disabilities. Feedback can also be provided by contacting the AODA Compliance Officer by mail, phone, fax, e-mail or by diskette. This document is available in an alternative format on request.

Date Form Completed: _____ Date and Time of Incident: _____

Service, Facility and/or Individual(s) Involved: _____

Did you have trouble accessing any of our services or facilities? Yes No Other: _____

Were you pleased by the service you received by our staff? Yes No Other: _____

I am (*please check one*): Tenant Occupant Prospective Tenant Guest Other: _____

Please provide any details of your experience below: *Please attach additional sheets if required.*

What could we do to improve our service to you? *Please attach additional sheets if required.*

All feedback will be processed by the AODA Compliance Officer in accordance with the Landlord's AODA Customer Service Standard Policy. If the feedback you provide raises serious concerns with respect to our delivery of goods and services to persons with disabilities we will provide a response to your concerns within three (3) business days.

If you would like to hear from us, please provide your contact information in the space below. The Landlord will respond to your comments in the format requested (or the most appropriate format where no request was made). Your contact information will only be used for this purpose:

Name: _____ Building and Unit Number: _____

Please provide your contact information in the space below:

CUSTOMER FEEDBACK FORM RECEIVED BY AODA COMPLIANCE OFFICER ON: _____