



Cohen Highley
LAWYERS

AODA CUSTOMER FEEDBACK FORM

made pursuant to the provisions of the **Accessibility for Ontarians with Disabilities Act, 2005**, S.O. 2005, c. 11 (hereinafter the AODA"). This AODA Customer Service Standard Checklist is © Cohen Highley LLP, 2011. Please note that this AODA Customer Feedback Form is for the use of Cohen Highley LLP and the Lawyers Resource Centre Limited Partnership (hereinafter collectively referred to as "CH").

We are committed to providing exemplary service to all of our clients, prospective clients 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 upon request.

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

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

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

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

I am (please check one): Client Prospective Client 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 CH'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 in three (3) business days.

If you would like to hear from us, please provide your contact information in the space below. The AODA Compliance Officer 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: _____ PREFERRED METHOD OF CONTACT: _____

PLEASE INCLUDE YOUR CONTACT INFORMATION BELOW (i.e. phone number, e-mail address, mailing address):

CUSTOMER FEEDBACK FORM RECEIVED BY AODA COMPLIANCE OFFICER ON: _____