



ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES ACT (AODA) – CUSTOMER SERVICE STANDARDS FEEDBACK FORM

Thank you for visiting the Canadian Hearing Society. We value all of our customers and strive to meet everyone’s needs. We recognize that receiving feedback provides a valuable opportunity to learn and improve.

Date of Visit: _____ Time of Visit: _____

Did we respond to your customer service needs? Yes No

If no, please explain:

Optional Information: (Complete this section only if you wish to be contacted)

Tel (Call)		Tel (Text)	
TTY		Skype	
Email			
Address			
City		Province	
		Postal Code	

Submit completed form to:

Canadian Hearing Society
271 Spadina Road, Toronto, ON M5R 2V3