



## AODA Customer Service Feedback Form

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) is provincial legislation that aims to achieve a fully accessible Ontario. The Act makes Ontario the first jurisdiction in Canada to develop, implement and enforce mandatory accessibility standards. It applies to the private, public and volunteer sectors.

EastGen values our customers, visitors, tenants and employees and we strive to meet everyone's needs. We are committed to providing quality goods and services that are accessible to all persons that we serve.

Your feedback is important in helping us improve accessible services at EastGen.

**Date of Visit:** \_\_\_\_\_ **Time of Visit:** \_\_\_\_\_

**What was the purpose of your visit today?** \_\_\_\_\_

\_\_\_\_\_

**Did we respond to your customer service needs today?**  Yes  No

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was our customer service provided to you in an accessible manner?**

If no, please explain:  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Did you have any problems accessing our goods or services?  Yes  No**

If yes, please explain:

---

---

---

**Please add any other comments/suggestions you may have:**

---

---

---

---

**Please provide us with your contact information (optional):**

(Any personal information is collected pursuant to Ontario Regulation 429/07, the Accessible Standards for Customer Service and will be used strictly for the purpose of responding to your feedback)

**Full Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Would you like to be contacted by EastGen?  Yes  No**  
(Customers will be contacted within 5 business days of receiving feedback)

**\*If yes, please ensure you complete the contact information above.**

**How would you like to be contacted?** Telephone  Email  Mail

**Thank you for your feedback.**

Email: [info@eastgen.ca](mailto:info@eastgen.ca)

Telephone: 519-821-2150

Fax: 519-821-1268

Mail: 5653 Hwy 6 N., R.R. #5, Guelph, ON N1H 6J2



**FOR OFFICE USE ONLY**

Date feedback was received: \_\_\_\_\_

Received by: \_\_\_\_\_

Follow Up Required: Yes  No

If yes, when was it done: \_\_\_\_\_

Action Plan required: Yes  No

If yes, please explain what action was taken:

---

---

---

---