

**ACCESSIBILITY – FEEDBACK FORM**

**COMOLDCO CORPORATION**

Accessibility for Ontarians with Disabilities Act, 2005

Comoldco Corporation values our employees, customers and suppliers 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 Comoldco. Please take a moment to complete this feedback form and let us know how we are doing.

Date and Time of Visit: .....

What was the purpose of your visit? .....

Did you visit:     Our Facility                       Our Website                       Other: .....

Did we respond to your accessibility needs today?

Yes                       No

If no, please explain:

.....  
.....  
.....

Was our service provided to you in an accessible manner?

Yes                       No

If no, please explain

.....  
.....  
.....

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:

.....  
.....  
.....

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(Optional) Please provide us with your contact information below:  
Any personal information collected will be used strictly for the purpose of responding to your feedback.

Full Name: .....

Mailing Address: .....

Telephone Number: .....Email Address: .....

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Would you like to be contacted by the Comoldco HR Manager?  Yes  No

If yes, please ensure you complete the contact information above and you will be contacted within 7 business days of our receipt of this feedback.

How would you prefer to be contacted? Telephone  Email  Mail

Thank you for your feedback.

Email: info@comoldco.com  
Telephone: 519-224-3706 Toll Free: 1-855-277-0306  
Fax: 519-224-3698 Toll Free: 1-855-806-9787  
Mail: Comoldco Corporation, 137 Arrow Road, Guelph, ON N1K 1S8  
Attention: HR Manager

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**FOR COMOLDSCO OFFICE USE ONLY:**

*Provide Complainant with written response within 7 (seven) business days of receipt of complaint*

Date feedback was received: ..... Received by: .....

Follow-Up Action Required: Yes No

If yes, record date it was done: .....

Corrective Action Plan required: Yes No

If yes, please explain **on the CAR Form**, what action was taken

Response to Complainant on Date: ..... By: .....

HR will retain these completed forms together with any related CAR form in the appropriate file.