



ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES ACT FEEDBACK FORM

Belmont is committed to providing accessible customer service to visitors in accordance with the Accessibilities for Ontarians with Disabilities Act (AODA). Belmont House encourages you to provide feedback in order for us to improve our services.

GENERAL INFORMATION:

Date of Visit:	MM/DD/YYYY	
Do You Require A Response:	Yes: <input type="checkbox"/> (If you respond Yes please fill out contact information section below)	No: <input type="checkbox"/>
Format For Response:	Phone: <input type="checkbox"/> Email: <input type="checkbox"/> Mail: <input type="checkbox"/> If You Choose Mail, Do you require large print: <input type="checkbox"/>	

CONTACT INFORMATION (OPTIONAL):

Name (Optional):		
Contact Information (Optional):	Phone Number:	
	Email:	
	Mailing Address:	

QUESTIONS:

#1	Are you satisfied with the customer service provided to you during your visit to Belmont House?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Comments:		
#2	Did any employees/departments assist you during your visit?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Comments:		
#3	Which departments assisted you during your visit? Admin <input type="checkbox"/> Dietary <input type="checkbox"/> Front Desk <input type="checkbox"/> Housekeeping <input type="checkbox"/> HR <input type="checkbox"/> Maintenance <input type="checkbox"/> Nursing <input type="checkbox"/> Other <input type="checkbox"/>		
	Comments:		
#4	Were the employees assisting you knowledgeable with Accessibility for Ontarians with Disabilities Act, 2005 (AODA)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Comments:		
#5	Were your needs adequately met during your visit to Belmont House?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Comments:		
#6	What improvements/suggestions do you have for Belmont House?		
	Comments:		