



Catulpa Community Support Services

## Accessibility Feedback Form

Catulpa Community Support Services is committed to providing excellent customer service and we appreciate feedback on how we provide support to Persons with disabilities. Our goal is to make sure we meet your expectations in all areas.

### Did you encounter any barriers in the following areas?

Were you able to access all areas of the building? Yes  No

Did we communicate with you in a way that took into account your disability? Yes  No

If necessary, did you receive appropriate support with computers, telephones etc? Yes  No

Were there any policies or rules that you felt were a barrier? Yes  No

Date: \_\_\_\_\_

Comment/suggestion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like a Catulpa representative to follow up with you regarding your feedback?

Yes  No

If yes, please fill out your contact information.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By Phone: \_\_\_\_\_ By email: \_\_\_\_\_

All feedback will be processed by the Program Manager in accordance with Catulpa Community Support Services AODA Customer Service Standard and Guideline. We will provide a response to your concerns within ten (10) business days.