



MCKENZIE LAKE
LAWYERS

AODA CUSTOMER FEEDBACK FORM

Made pursuant to the provisions of the Accessibility of Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11 (hereinafter the "AODA"). This AODA Customer Feedback Form is © McKenzie Lake Lawyers LLP, 2013. Please note that this AODA Customer Feedback Form is for the use of McKenzie Lake Lawyers LLP (hereinafter collectively referred to as "MKLK")

We are committed to giving all of our clients, prospective clients and guests with the same opportunity to access our goods and services. It is vital to our continued success in this endeavor that you provide us your feedback on the manner in which we provide goods and services to persons with disabilities. Feedback can be provided by filling out our Customer Feedback Form and submitting it to our AODA Compliance Officer. You should also feel free to contact our AODA Compliance Officer by mail, phone, fax, email, or other means in any manner suitable to you. This document is available in an alternative format upon request.

Date Form Completed: _____

Date and Time of Incident: _____

Service, Event and/or Individual(s) Involved: _____

Did you have trouble accessing any of our services? Yes No Other: _____

Were you pleased by the service you received by our staff? Yes No Other: _____

Is there anything MKLK could do to make it easier for you to access our goods and services?

I am (please check one): Client Prospective Client Other: _____

Please provide any details of your experience below: *Please attach additional sheets if required.*



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What could we do to improve our service to you? *Please attach additional sheets if required.*

All feedback will be processed by the AODA Compliance Officer in accordance with MKLK’s AODA Customer Service Standard Policy. If the feedback you provide raises serious concerns with respect to our delivery of goods and services to persons with disabilities we will provide a response to your concerns in three (3) business days.

If you would like to hear from us, please provide your contact information in the space below. The AODA Compliance Officer will respond to your comments in the format requested (or the most appropriate format where no request was made). Your contact information will only be used for this purpose:

NAME: _____

PREFERRED METHOD OF CONTACT: _____

PLEASE INCLUDE YOUR CONTACT INFORMATION BELOW (i.e. phone number, email address, mailing address):

CUSTOMER FEEDBACK FORM RECEIVED BY AODA COMPLIANCE OFFICER ON:
