

Date of visit (mm/dd/vvvv).

AODA Feedback Form

OSSTF/FEESO is committed to fostering an accessible and inclusive environment that includes equal access and meaningful participation for persons with disabilities. Our commitment to accessibility involves identifying, preventing, and removing barriers to participation while challenging ableism and meeting the accessibility requirements established under the *Accessibility for Ontarians with Disabilities Act* (AODA).

Your feedback is vital in helping us ensure that our services are accessible and continuously improving. Please fill out the form below to let us know how we are doing.

Date of viola (minutally yyyy).				
Type of visit:				
☐ In Person	□ Website	□ Other (please specify):		
Did we meet your individual service needs today?				
□ Yes	□ No			
If answered no, please explain:				
Were our services provided to you in an accessible manner?				
□ Yes	□ No			
If answered no, please explain:				



Did you have any problems in accessing our services?			
□ Yes	□ No		
If answered yes, pl	ease explain:		
Would you like to p	rovide any additional	details?	
Contact Informati	on:		
Name:			
Phone number:		_	
Email address:		_	
How would you lil	ke to be contacted?		
□ By phone	□ By email	☐ I do not want to be contacted	
•	0 3	th us. Please send this form to us via Mobile Drive, Toronto, Ontario, M4A 2P3.	