

Children's Aid Society of the District of Nipissing and Parry Sound

Accessibility Feedback Form

Your feedback is important to us. By answering the following questions, you will help the Society to better assist you in accessing our services.

Please tell us the date and time of your visit:

Date: _____ Time: _____

Please indicate your affiliation with the Society by circling one of the categories below:

Client Staff Volunteer Foster Parent Visitor Placement Student Other

1. Did we respond to and meet your customer service needs today?

Yes Somewhat No

Comments

2. Was our customer service provided to you in an accessible manner?

Yes Somewhat No

Comments

3. Did you have any problems accessing our goods and services?

Yes Somewhat No

Comments

4. Would you like a Society Representative to contact you? Yes No
If yes, please provide your name and contact information below:

Contact information (optional)

Name: _____ Phone Number: _____

Email: _____

The Society understands that persons with disabilities may use methods other than standard print to access information. If you require us to process your feedback in a different format, please contact the Manager of Human Resources as outlined below. The Manager will also answer your questions about the collection, use and disclosure of your personal information.

Thank you.

Children's Aid Society of the District of Nipissing and Parry Sound

Attention: AODA – Feedback

433 McIntyre Street, West, North Bay, ON, P1B 2Z3

Phone: (705) 667-0101 (Confidential Voice Mail), Fax: (705) 667-0201 (Confidential Line)

E-mail: HR.Information@parnipcas.org