

## **Brighton Children's Centre**

## Accessibility for Ontarians with Disabilities Act (AODA) Customer Service Feedback Form

Thank you for visiting Brighton Children's Centre. We value all of our clients and strive to meet everyone's needs. We recognize that receiving feedback provides a valuable opportunity to learn and improve.

Date of Visit:	_ Time:	
Did we respond to your customer service needs:	Yes	No
If <b>No</b> , please explain:		
Was our customer service provided to you in an acce	ssible manne	er? Yes No
If <b>No</b> , please explain:		
Optional information – complete only if you wish to	be contacted	:
Name:		
Address:	commi	nton Children's Centre is tted to protecting personal
Phone number:	respon	formation by following sible information handling tes in keeping with current
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