



Accessibility Feedback

Date: _____

Individual with comment/suggestion: _____
(optional)

Telephone/email: _____

Comment/Suggestion: _____

Action Required: _____

Feedback gathered by:

Name Position Office

Return form to: Angela Vickery, 200 Rose Glen Road, Port Hope ON L1A 3V6 Tel: 1-866-888-4577

Follow up: _____

Signature & Title Date