

# BIOWORLD

## **AODA CUSTOMER FEEDBACK FORM**

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) is Ontario provincial legislation that is aimed at making our province fully accessible.

Bioworld Canada values its employees and its customers and strives to meet the needs of those it deals with. We are committed to providing quality goods and services that are accessible to all those that we serve.

Your feedback is important in helping us improve accessible services at Bioworld Canada. Please take the time to complete our feedback form and share your thoughts.

**Date:** \_\_\_\_\_

**Customer Name:** \_\_\_\_\_

**Did we meet your customer service needs today?** Yes  No

**If no, please explain why not:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Was customer service accessible to you?** Yes  No

**If no, please explain why not:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Did you have any problems ordering / accessing goods? Yes  No

If yes, please explain how: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any additional comments / concerns with respect to accessibility you may have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide us with your contact information below (optional):

*(Any personal information is collected pursuant to Ontario Regulation 429/07, the Accessible Standards for Customer Service and will be used strictly for the purpose of responding to your feedback)*

Full Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Would you like to be contacted by Bioworld Canada? Y  N

How would you like to be contacted? Phone  E-mail  Mail

**THANK YOU FOR YOUR FEEDBACK!**

**Accessibility Policy**

Attn: Ivana Plos

266 Applewood Crescent Concord,

Ontario

L4K 4B4

**Email:** [evcp@bioworldcanada.com](mailto:evcp@bioworldcanada.com)

**Phone:** 905-660-3110 ext. 224

**Fax:** 905-660-3108

**INTERNAL USE ONLY**

Date feedback received: \_\_\_\_\_

Received by: \_\_\_\_\_

Followed up: Yes  No

Action Taken: Yes  No

Describe Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_