AODA – Statement of Commitment to Accessibility

Rideau Supply is committed to providing a barrier-free environment for all stakeholders, including our clients, employees, job applicants, suppliers, and any visitors who may enter our premises, access our information, or use our services. As an organization, we respect and uphold the requirements set forth under the *Accessibility for* *Ontarians with Disabilities Act, 2005*, and its associated regulations.

It is the intent of all employees of Rideau Supply to provide information to all persons accessing our goods and services in a format that would assist them in making their decisions.

Providing an accessible and barrier-free environment is a shared effort, and we are committed as an organization to working with the necessary parties to make accessibility for all a reality. For more detailed information on our accessibility policies, plans, and training programs, please contact Human Resources

Customer Service Feedback Form- AODA

Thank you for visiting Rideau Supply! We value all of our customers and strive to meet everyone's needs.

Please tell us the date and location of your visit:

Date: Location:

1. Were you satisfied with the customer service we provided you?

|  |  |  |
| --- | --- | --- |
| ☐ Yes | ☐ No | ☐ Somewhat |

Comments:

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

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

|  |  |  |
| --- | --- | --- |
| ☐ Yes | ☐ No | ☐ Somewhat |

Comments:

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

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

|  |  |  |
| --- | --- | --- |
| ☐ Yes | ☐ No | ☐ Somewhat |

Comments:

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

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Contact Information (optional)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your feedback

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