



## Accessibility Feedback Form

Please complete the Form below and indicate the format of response you would like to receive. We strive to continue to improve the accessible customer service we provide. Thank you for taking the time to provide us with feedback on your visit to our Centre.

### Contact Information (Optional)

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Please check the appropriate response format so that we may reply to you:

Phone

Email

Mail

Other: (please specify) \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Reason for Visit: (optional) \_\_\_\_\_

Please comment on the accessible customer service provided during your visit:

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Were your accessibility needs met?

Yes

No

Please specify:

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Please comment on the assistance of our staff:

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What can Breakthrough Autism do to improve the accessibility of our customer service?

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