

## Accessible Customer Service Feedback Form

Dear Valued Customer, we strive to improve accessibility for our customers. We would like to hear your comments, questions and suggestions about the services and service experience. Please complete this form and email it to <a href="mailto:omexoffice@bellnet.ca">omexoffice@bellnet.ca</a> or mail to Omex, 3510 Mainway Drive, Burlington, ON L7M 1A8. You can also contact our office directly at 1-866-609-6639.

Plea	ase tell us the date and	d location of your visit:		
Date:		Location: _	Location:	
1.	Did we appropriatel  Yes  Comments:	y respond to your customer service r  No (please explain)		
2.	Was our customer s  Yes Comments:	ervice provided to you in a timely ma		
3.	Was our customer s ☐ Yes Comments:	ervice provided to you in a helpful m  No (please explain)		
4.	Was our customer s  Yes  Comments:	ervice to you in an accessible manne   No (please explain)		
5.	Did you experience	any problems accessing our services?  □ No (please explain)	? □ Somewhat	
Cor	ntact Information (op	tional) Name:		
Email:		Phone:		
	ank you, nex Office Maintenanc	e Experts (Burlington, ON)		

This document is available in a larger format upon request.

Feedback is collected in accordance with Section 7 of Ontario Regulation 429/7, Accessibility Standards for Customer Service made under the Accessibility for Ontarians with Disabilities Act, 2005. Any personal information provided with this feedback will be used by Omex to contact you if a response is requested.