



**ccnm**

CANADIAN COLLEGE OF  
NATUROPATHIC MEDICINE

## AODA Customer Feedback Form

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) is provincial legislation that aims to achieve a fully accessible Ontario. The Act makes Ontario the first jurisdiction in Canada to develop, implement and enforce mandatory accessibility standards. It applies to the private, public, and volunteer sectors.

CCNM values our students, employees, and customers and we strive to meet everyone's needs. We are committed to providing quality goods and services that are accessible to all persons that we serve.

Your feedback is important in helping us improve accessible services at CCNM. Please take a moment to complete this feedback form and let us know how we are doing.

**Date of Visit:** \_\_\_\_\_ **Time of Visit:** \_\_\_\_\_

**What was the purpose of your visit today?** \_\_\_\_\_

**Did we respond to your customer service needs today?** Yes  No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was our customer service provided to you in an accessible manner?** Yes  No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Did you have any problems accessing our goods or services?** Yes  No

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

**Please add any other comments/suggestions you may have:**

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**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 the Accessibility Coordinator at CCNM?** Yes  No   
*(Customers will be contacted within 5 business days of receiving feedback)*

**\*If yes, please ensure you complete the contact information above.**

**How would you like to be contacted?** Telephone  Email  Mail

**Thank you for your feedback.**

Email: accessibilityfeedback@ccnm.edu  
Telephone: 416-498-1255 ext.258  
Fax: 416-498-3177  
Mail: 1255 Sheppard Avenue East, Toronto, Ontario M2K 1E2  
**Attention: "Accessibility Coordinator"**

**FOR OFFICE USE ONLY**

Date Feedback was received: _____	Received By: _____
Follow Up required: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when was it done: _____
Action Plan required: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain what action was taken: _____	

