Accessible Customer Service Feedback Form (AODA) – Ontario

Thank you for visiting Howick Mutual. We value our customers and welcome feedback on the accessibility of our goods, services, and facilities. Accessible formats and communication supports are available upon request to enable all customers to provide feedback in a manner that meets their needs. To request an alternate format or support, please contact VP of Operations at thickling@howickmutual.com

If negative feedback or a complaint is received, the company takes all reasonable measures to resolve the issue to prevent future occurrences. Where the customer's contact information has been provided, the company will respond to the complainant within 7 business days to inform them of the measures that have been or will be taken.

Thank you for your feedback! You can find additional information about our accessibility practices in our Customer Service Accessibility Policy, available on our website.

Date: _____

Were you satisfied with the accessibility of our service, goods, and facilities?

□Yes
□No
□Somewhat

Why or why not?

_____
_____
_____
_____

Did you experience any barriers to accessing our goods, services, or facilities?

□Yes
□No
□Somewhat

If yes or somewhat, please explain.

_____
_____
_____
_____

Do you have any recommendations to make accessing our goods, services, or facilities easier for people with disabilities?

□Yes
□No

If yes, please explain.

_____
_____
_____
_____

Are you satisfied with the accessibility of our feedback process?

□Yes
□No
□Somewhat

Why or why not?

_____
_____
_____
_____

Did you experience any barriers to providing feedback?

□Yes
□No
□Somewhat

If yes or somewhat, please explain.

_____
_____
_____
_____

Additional comments

_____
_____
_____
_____

Customer Contact Information

Customers are invited to provide their contact information so that Howick Mutual can follow up with them regarding their feedback. This is entirely optional. If a customer chooses to provide their contact information, it will be used for the sole purpose of responding to their feedback.

Name: _____

Preferred contact method: □ E-mail □ Phone □ Other. Please specify:
_____

Contact information:

_____
_____
_____
_____
_____