

AODA Feedback Form

DYNA-MIG values our Associates, Customers, Contractors and Visitors and we strive to meet everyone's needs.

Your feedback is important in helping us improve accessible services at DYNA-MIG. Please take a moment to complete this feedback form if you have any suggestions for improvement.

Date of Visit: _____ **Time of Visit:** _____

What was the purpose of your visit today? _____

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: _____

Please provide us with your contact information below (optional):

(Any personal information is collected to 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 regarding your comments/suggestions? Yes No

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

How would you like to be contacted? Telephone Email Mail
Other (please specify) _____

Thank you for your feedback. Any feedback received will be reviewed with Senior Management and, provided the author provides contact information, will be responded to within 21 calendar days.