

Accessibility of Services

Providing quality service that is accessible to our customers, visitors or others who use our services is important to us. Your comments, complaints and compliments will help us monitor and improve our services and your service experiences. Your feedback will help us identify where changes should be considered, ways in which we can improve how we deliver services to customers and other people with disabilities, and what we are doing a good job at.

Feedback may be provided by:

Mail or deliver to: **multiVIEW Locates Inc.**
325 Matheson Blvd. East
Mississauga, ON L4Z 1X8
Attention: Administration

E-mail to: acct@multiview.ca
Telephone: 1 (905) 629-8959

The date of the service experience you would like to provide feedback on: _____

1. What service did we provide? _____

2. Did we meet your service needs? _____

3. How did we measure up on the follow:

	YES	NO	SOMEWHAT
a) <i>Did you receive the service, information, or help you needed?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) <i>Were you treated in a courteous and considerate manner?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) <i>Was service provided to you in an accessible manner?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) <i>Did you have any problems accessing the service?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) <i>Were you satisfied with your overall service experience?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give the details of your service experience?

Do you have any suggestions that will help us enhance the way we provide services to people with disabilities?

Contact details: (optional)

Name: _____

If you want to receive a reply, please let us know how you would prefer us to contact you.

Email – Your email address is: _____

Phone – Your phone number is: _____

Mail – Your mailing address is: _____

TTY – Your TTY number is: _____

This document is available in alternate formats upon request.

Feedback is collected in accordance with Section 7 of Ontario Regulation 429/07, 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 multiVIEW to contact you if a response is requested.

HEAD OFFICE 325 Matheson Blvd. East Mississauga, ON L4Z 1X8 (905) 629-8959	LONDON (226) 721-0211 info@multiview.ca	CAMBRIDGE (800) 363-3116 www.multiview.ca	OTTAWA /QUÉBEC (613) 287-7005 sales@multiview.ca
--	---	--	---

