AODA Customer Feedback Form

Accessibility for Ontarians with Disability Act (AODA) Customer Service Feedback Form.

Summitt Energy Inc. ("Summitt") values our 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 Summitt. Please take a moment to complete this feedback form and let us know how we are doing.

Date of Visit: Time 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 no, please explain:

Please add any other comments/suggestion you may have:

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 Human Resources Department at Summitt?
□ Yes   □ No
Customers can expect to hear back within five (5) business days from date of receipt. Response time to the feedback will depend on the issue, but will not exceed fifteen (15) business days unless there are extenuating circumstances involved.

*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: accessibility@summittenergy.ca
Telephone: 905-366-4464
Mail: 100 Milverton Drive, Suite 608, Mississauga, Ontario L5R 4H1
Attention: "Human Resources"

FOR OFFICE USE ONLY

Date feedback was received: _____ Received by: _____

Follow up required: □ Yes   □ No – If yes, when was it done: _____

Action plan required: □ Yes   □ No

If yes, what action was taken:
_____
_____
_____
_____
_____