



## AODA Customer Service Feedback Form

Thank you for visiting Robinson Solutions. We are committed to providing accessible customer service in accordance with the Accessibility for Ontarians with Disabilities Act (AODA). Your feedback provides us with a valued opportunity to continue to improve our services.

1. **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

2. **Did Robinson Solutions meet your customer service expectations? (Circle one)**

**YES**

**NO**

**Comments:**

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3. **Was our customer service provided to you in an accessible manner?**

**YES**

**NO**

**Comments:**

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4. **If you feel Robinson Solutions could improve customer service, please indicate your comments below:**

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**OPTIONAL INFORMATION**

Complete only if you wish to be contacted.

**Name:**

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**Telephone Number:**

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**E-mail Address:**

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**Robinson Solutions Inc.**

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