



ACCESSIBILITY STANDARDS for CUSTOMER SERVICE

**FEEDBACK FORM**

Feedback

Complaint

Date: \_\_\_\_\_ Format Received: \_\_\_\_\_

Personal Information;

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ E- Mail \_\_\_\_\_

Filled out by Staff Yes  No

Staff Person: \_\_\_\_\_

**Subject** \_\_\_\_\_

**Description:**

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( Return form to the Accessibility Coordinator at County of Brant )