

AODA – Accessible Customer Service Feedback Process

Feedback Process

R. J. Burnside an Associates, Limited and its affiliated companies (Burnside) shall provide customers with the opportunity to provide feedback on the service provided to all customers with disabilities.

This information will be readily available to all customers and notice of the process will be made available by way of our company website, www.rjburnside.com.

Feedback forms, along with alternate methods of providing feedback such as verbally (in person or by telephone) or written (hand written, delivered, fax, website or email), will be available upon request.

Submitting Feedback

Customers who wish to provide feedback can do so by completing an Accessible Customer Service Feedback Form online, onsite or verbally.

Customers can submit feedback to:

Mail or hand delivered:

Human Resources Specialist
R.J. Burnside & Associates Limited
15 Townline
Orangeville, Ontario
L9W 3R4

Telephone:

519-941-5331

Fax:

519-941-8120

Email:

hr@rjburnside.com

Website:

www.rjburnside.com

TTY users can use the Bell Relay System by calling 711 or 1-800-267-6511

Customers that provide their contact information with formal feedback will receive an acknowledgement of their feedback within five business days of its receipt. The acknowledgement will indicate how the matter will be addressed and when the individual will be notified of the outcome. Burnside will follow up on any actions arising from the feedback and the timeframe for implementation will be provided as part of the notification of outcome.

Feedback/response will be in a format that is accessible to the complainant.

AODA – Accessible Customer Service Feedback Form

We value all of our clients and strive to meet everyone’s needs. We welcome your comments to assist us in monitoring and improving our services. Please submit your completed form or verbal feedback to any of the following:

Mail or hand delivered:

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R.J. Burnside & Associates Limited
15 Townline
Orangeville, Ontario
L9W 3R4

Telephone:

519-941-5331

Fax:

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Please tell us the date and location of your contact with us:

Date: _____ Location: _____

1. Were you satisfied with the customer service we provided you?

Yes No Somewhat

Comments _____

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

Yes No Somewhat

Comments _____

3. Did you experience any problems accessing our services?

Yes No Somewhat

Comments _____

Contact Information (optional)

Name: _____ Email: _____

Telephone Number: _____