Accessibility For Ontarians With Disabilities Act (AODA) Customer Feedback Form

Please provide the date, time, and location of your visit: _____

1) Did the Toronto Police Service respond to your needs in an accessible format/manner?

Yes ☐ No ☐

Please Explain:

2) Did you have any problems accessing our goods and services?

Yes ☐ No ☐

Please Explain:

3) Please provide any other comments you may have:

4) Do you wish to be provided with a response about your feedback?

Yes ☐ No ☐

Contact Information (Optional):

Name:	
Address:	
Phone Number:	
Email Address:	

DISTRIBUTION: *Original - DMU*