



ACCESSIBILITY FEEDBACK FORM

Thank you for visiting CBV Collection Services Ltd. We strive to meet your accessibility needs and we recognize that receiving feedback provides a valuable opportunity for improvement opportunities.

Date of Visit: _____

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 goods and services?

YES NO Somewhat

COMMENTS:



Your contact information (optional):

Name: _____

Phone number: _____

E-mail: _____

This form can be submitted:

- In person, to our Security desk
- Via e-mail to hrsupport@cbvcollections.com
- By confidential Fax: 1-888-228-5808
- By mail:

Attn: Human Resources AODA
1490 Denison Street, Suite 100
Markham, ON L3R 9T7

FOR OFFICE USE ONLY

Date form received: _____

Received by: _____

Follow required: YES NO

Action Taken: _____
