

Accessibility Standards for Customer Service



In accordance with Ontario **Regulation 429/07**, The Ottawa-Carleton Association for Persons with Developmental Disabilities is committed to removing and preventing barriers for persons with disabilities in the area of receiving services.

The OCAPDD strives to always meet and exceed customer expectations while serving customers with disabilities. In meeting this objective, we are committed to continuous improvement in all areas of our business.

Comments on our services regarding how well those expectations are being met are welcome and appreciated.

Feedback regarding the way the OCAPDD provides goods and services to people with disabilities helps us identify areas where changes need to be considered and ways in which we can improve the delivery of service.

Comments can be made

in person, by mail, e-mail, fax or telephone or by completing and submitting the feedback form below

The Ottawa-Carleton Association for Persons with Developmental Disabilities

229 Colonnade Road, South

Ottawa, ON

K2E 7K3

HumanResources@ocapdd.on.ca

Fax: 613-383-0192

Phone: 613-569-8993

Accessibility Standards for Customer Service Feedback Form



Thank you for visiting OCAPDD! We value all of our clients and strive to meet everyone's needs. Please complete this form and email it to HumanResources@ocapdd.on.ca, fax to 613-383-0192, mail to Human Resources: 229 Colonnade Rd., South, Ottawa, ON K2E 7K3 or drop it off at the reception desk.

Please tell us the date and location of your visit:

Date: _____ Location: _____

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments:

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments:

3. Did you experience any problems accessing our goods and services?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments:

Contact Information (optional)

Name: _____

Phone Number: _____

Email: _____