

## Accessibility - Customer Service Feedback Form

DLL is committed to improving accessibility for our customers with disabilities. We would like to hear your comments, questions and suggestions about the provision of our services to Persons with Disabilities.

**Please complete the following survey:**

***Please tell us the date and time you accessed our services, and the DLL representative you interacted with.*** Date & Time: \_\_\_\_\_

DLL Rep Name: \_\_\_\_\_

***Did we respond to your customer service needs today?***

Yes \_\_\_\_\_ No \_\_\_\_\_

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

Yes \_\_\_\_\_ Somewhat \_\_\_\_\_

No \_\_\_\_\_ Please explain:

---

---

***Did you have any problems accessing our services?***

Yes \_\_\_\_\_ Somewhat \_\_\_\_\_

No \_\_\_\_\_ Please explain:

---

---

***Please add any other comments you may have:***

---

---

***Contact Information (optional)\*:*** \_\_\_\_\_

Please save this form and email or fax to: [carla.oliveira@dllgroup.com](mailto:carla.oliveira@dllgroup.com) or **905-901-6370**

Our Accessibility - Customer Service Policy is available to you upon request. All feedback will be directed to Human Resources. Human Resources will make every effort to respond in a timely manner. Feedback will be recorded with acknowledgment of receipt and action taken, if necessary.

Thank you.  
DLL Management

**\* Please note:** There may be privacy implications for organizations collecting personal information. Providers should seek their own legal advice regarding the privacy implications of collecting personal information in this subject manner.