

FEEDBACK: ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES

Part 1: Feedback Date: _____

Feedback (Please provide details)

Recommendations (List requests or suggestions to move forward, if applicable)

Response (How would you like to receive a response to this feedback?)

In Writing to : _____
 By Phone : _____
 By Facsimile: _____
 No Response

Part 2: Response (from management/health and safety coordinator required within 21 days)

Management Agrees with the Recommendation? (YES - complete A / NO - complete B)

A) Implementation Timetable for Recommendation

B) Disagreement with or Alternative to Recommendation:

Management Signature: _____

Date of Response to Individual Providing Feedback: _____

Management Co-chairperson

Worker Co-chairperson