

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) is provincial legislation that aims to achieve a fully accessible Ontario. The Act makes Ontario the first jurisdiction in Canada to develop, implement and enforce mandatory accessibility standards. It applies to the private, public, and volunteer sectors.

Linamar Corporation is committed to providing quality goods and services that are accessible to all persons that we serve.

Your feedback is important in helping us improve accessible services at Linamar. Please take a moment to complete this feedback form and let us know how we are doing.

Date of Visit: _____

Time of Visit: _____

What was the purpose of your visit today? _____

Did we respond to your customer service needs today (please circle)? Yes No

If no, please explain: _____

Was our customer service provided to you in an accessible manner (please circle)? Yes No

If no, please explain: _____

Did you have any problems accessing our goods or services (please circle)? Yes No

If yes, please explain: _____

AODA Customer Feedback Form

Please add any other comments/suggestions you may have:

Please provide us with your contact information below (optional):

(Any personal information is collected pursuant to Ontario Regulation 429/07, the Accessible Standards for Customer Service and will be used strictly for the purpose of responding to your feedback)

Full Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Would you like to be contacted by a designated Linamar employee (please circle)? Yes No

(We are committed to providing timely responses to feedback)

****If yes, please ensure you complete the contact information above.***

How would you like to be contacted (please circle)? Telephone Email Mail

Thank you for your feedback.

Email: Roxanne.Rose@linamar.com

Telephone: 519-836-7550

Fax: 519-767-0449

Mail:

AODA Feedback

287 Speedvale Ave. W.

Guelph, ON

N1H 1C5

Attn: Roxanne Rose

In-person:

Roxanne Rose, 287 Speedvale Ave. W., Guelph, ON

FOR OFFICE USE ONLY

Date Feedback was received: _____

Received By: _____

Follow Up required: Yes No

If yes, when was it completed: _____

Action Plan required: Yes No

If yes, please explain what action was taken:
