

# Accessibility for Ontarians with Disabilities Act (AODA) Feedback Form

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Date of Visit: \_\_\_\_\_ Time of Visit: \_\_\_\_\_

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Did we respond to your customer service needs?

Yes  No

If no, please explain.

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Was our customer service provided to you in an accessible way?

Yes  No

If no, please explain.

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Optional – *Complete only if you would like to be contacted.*

Name: \_\_\_\_\_

My preferred method of contact is:

Mail:

Phone: \_\_\_\_\_  Email: \_\_\_\_\_

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- Email: **DL-Marketing@airdberlis.com**
  - Fax: **416.863.1515** to the **Attention of Marketing**
  - Mail: Brookfield Place, 181 Bay Street, Suite 1800, Box 754, Toronto, ON M5J 2T9 Canada  
Attention: Marketing Department
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*Thank you for your feedback.*

**AIRD BERLIS**