

ACCESSIBILITY FOR PERSONS WITH DISABILITIES FEEDBACK FORM

Dear Valued Customers/Employees,

We strive to improve accessibility for our customers/employees with disabilities. We would like to hear your comments, questions and suggestions about the provision of our services to people with disabilities. To share your comments or request a copy of our accessibility policy, please complete and submit this form or contact Human Resources at:

Markhaven, Inc.
Andrea Firth
Office Manager / HR Coordinator
54 Parkway Ave, Markham, ON L3P 2G4

Tel: 905-294-2233 ext. 3301

Fax: 905-294-6521

E-mail: andrea.firth@markhaven.ca

Customer/Employee information:				
Name:			Date:	
Mailing Address:		Phone	e Number:	
City:			Province:	
Service Was Given: Reason for Contacting	☐In Person ☐Phone	☐ Email	1	Mail 🔲 TTY
Markhaven, Inc.:				
Comments or Concerns:				
How can we reach you:	☐Phone ☐ Email:		ail 🔲 TTY	∕ □ Other:
Thank you for taking the time to complete this form. A representative from Human Resources will contact you within 3 business days of your submitting this form.				
OFFICE USE ONLY:				
Date Received:			Received By:	:
Action Taken:			Date:	:
•				
Signatures:				
HR Signature:		Dat	e:	

AODA Index ID: HR-B-130-01