

**Niijaansinaanik Child and Family Services
Accessibility for Ontarians with Disabilities Act, 2005**

Accessibility Feedback Form

Date of Visit:		Time of Visit:	
Please indicate your affiliation with the Agency by checking one of the categories below:			
<input type="checkbox"/> Service User	<input type="checkbox"/> Employee	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Visitor
<input type="checkbox"/> Placement Student	<input type="checkbox"/> Other		
Was our service provided to you in an accessible manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat	<input type="checkbox"/> No
If No or Somewhat please explain:			
Please add any other comments you have:			
Do you wish to make an accessibility complaint?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (<i>please fill out information below</i>)	
Would you like an Agency Representative to contact you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (<i>please fill out information below</i>)	
Name:	Number:		

You may submit this completed form via email, fax, regular mail, or in person.

Joanne Koehler, Executive Director

Mailing Address: 940A Main Street Dokis First Nation, ON P0M 2N1	Email Address: bonnie.reid@nijcrs.com	Fax Number: 705-223-7439	Phone Number: 705-763-2200
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Niijaansinaanik Child and Family Services understands that person with disabilities may use methods other than standard print to access information. If you require us to process your feedback in a different format, please contact the Executive Director as outlined above. The Executive Director will also answer your questions about the collection, use and disclosure of your personal information. Thank You