

**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:					
Service User	Employee	Volunteer	Visitor	Placement Student	Other
Was our service provided to you in an accessible manner?		Yes	Somewhat	No	
If No or Somewhat please explain:					
Please add any other comments you have:					
Do you wish to make an accessibility complaint?		No	<i>Yes (please fill out information below)</i>		
Would you like an Agency Representative to contact you?		No	<i>Yes (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:	Email Address:	Fax Number:	Phone Number:
15 Charlie's Bay Road Dokis First Nation, ON POM 2N1	Dennis.Goulais@nijcfs.com	705-223-7439	705-495-8212 EXT 5025

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.