



AODA Accessibility Feedback Form

Ultra Manufacturing Ltd. and its divisions are committed to improving accessibility for individuals with disabilities.

We would like hear your comments, questions, and suggestions about the provision of our goods or services to individuals with disabilities.

Please tell us the date, time and location of your visit:

Date	
Time	
Location	

Did we respond to your customer service needs today?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Was our service provided to you in an accessible manner?	YES <input type="checkbox"/> SOMEWHAT <input type="checkbox"/> NO <input type="checkbox"/> <i>(please explain below)</i> Comment: _____ _____ _____
Did you have any problems accessing our services?	YES <input type="checkbox"/> SOMEWHAT <input type="checkbox"/> NO <input type="checkbox"/> <i>(please explain below)</i> Comment: _____ _____ _____
Do you have any other comments to help us better serve individuals with disabilities?	Comment: _____ _____ _____

Thank you,
Ultra Manufacturing Ltd.