



Accessibility Feedback Form

Personal Information (Please print).	
Name: _____	Address: _____
Home Phone: _____	Cell Phone: _____
Email Address: _____	
What is your situation? (Check the appropriate box.)	
<input type="checkbox"/> I have a disability. Please identify your disability (optional): _____	
<input type="checkbox"/> I am submitting this feedback on behalf of a person with a disability. Relationship to the person with the disability (optional): _____ Please identify their disability (optional): _____	
What is the nature of your feedback? (Check all that apply.)	
<input type="checkbox"/> Service Reliability <input type="checkbox"/> Programs <input type="checkbox"/> Facilities (parking lots, internal/external physical barriers) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Customer Service (cashier, front-line staff) <input type="checkbox"/> Communications (website, publications, signage, TTY phones)
Description of Feedback:	
Suggestions for Improvement/Resolution:	

Date: _____ Signature: _____

Thank you for your feedback. This form will be forwarded to the Coordinator of Accessibility & Special Needs for follow-up.

Personal information on this form is being collected and will be used to ensure all goods and services offered by Milton Hydro are provided in an inclusive and accessible manner.