

ACCESSIBILITY FEEDBACK FORM

Contact Information

Please check one:

Customer

Employee

Other: _____

First Name:

Last Name:

Telephone:

Email:

If you are submitting this form on behalf of someone else, please specify your name and contact details below:

Type of Feedback

Commendation

Accessibility

Other

Comments

For assistance in accessing this form please e-mail Human Resources:

oliverac@copernicuslodge.com or call Tel: 416-536-7122 ext. #256

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