

ACCESSIBILITY FEEDBACK FORM

Banyan Community Services is committed to ensuring that all persons with disabilities have equal access to programs and services. In accordance with the Accessibility for Ontarians with Disabilities Act (2005), Banyan has developed policies, procedures, and practices consistent with the principles of dignity, independence, integration, and equal opportunity. All documents are available upon request.

The ultimate goal of Banyan Community Services is to meet and surpass service-user expectations, while serving people with disabilities. Your feedback is important in helping us improve accessible services at Banyan Community Services. Please take a moment to complete this feedback form and let us know how we are doing. Please return the form in one of the following ways:

Email: by printing your feedback form and emailing it as an attachment to feedback@banyancs.org

Standard Mail: by printing the feedback form and mailing to the following address:

681 Main Street East
Hamilton, ON L8M 1K3

In person: by visiting our office front reception area, to obtain a copy of the feedback form.

You may also request Banyan Community Services to contact you by calling 905.545.0133 and requesting that they complete and submit the feedback form on your behalf.

Location/ program: 681 Main Head office Arrell Youth Centre George R. Force
 York St. Office Grocer Ease Peninsula Youth Centre

Were our services delivered to you and/or your family member in an accessible manner?

YES SOMEWHAT NO

Please identify what, if anything, Banyan Community Services could have done to make it easier for you to access our services:

Please provide us with any additional comments you may have:

If you or your family member had any problems accessing our services, we would like to provide you with an opportunity to discuss your concerns with a Manager.

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If you would like us to contact you, please indicate how you would like to be contacted

Email: _____

Phone: _____

Mail: _____

Name: _____

Address: _____

Telephone number: _____