

Accessibility Feedback Form

We value all of our customers and strive to meet everyone's needs and we also strive to improve accessibility for our customers with disabilities. We would like to hear your comments, questions and suggestions about the provision of our goods and services, as well as provision of our goods and services to people with disabilities.

Please tell us th	ne date and time of y	our visit:		
Did we respond	d to your customer so	ervice needs today?		
☐ YES ☐ NO (please explain below)				
Was our custor	mer service provided	l to you in an accessible n	nanner?	
☐ YES	SOMEWHAT NO (please explain below)			
Did you have a	ny problems accessir	ng our goods and services	5?	
☐ YES (please explain below)		☐ SOMEWHAT (p	☐ SOMEWHAT (please explain below)	
Please add any	other comments yo	u may have:		
	ation (optional):			
First Name	Last	Name	Email address:	

Please submit completed form by fax to: 613-23632-2030 or by e-mail to marketing@tulmar.com