

Accessibility Feedback Form

We value your feedback about the accessibility of our services, facilities and communications. Please complete this form and return it in person, by mail, or by email to contact@bellridgemg.com. This form is available in accessible formats on request, and feedback may be given in any other way that works for you — in person, by phone, or by email — not only by using this form.

Your Information

Date: _____

Name (optional): _____

Contact information (optional — phone or email):

Preferred method of contact for our response:

☐ Phone ☐ Email ☐ Mail ☐ No response needed

Preferred format for our reply:

☐ Standard print ☐ Large print ☐ Email / electronic text ☐ Other:

If other, please specify: _____

What Is Your Feedback About?

☐ Customer service ☐ Accessible formats

☐ Facilities ☐ Website / communications

☐ Employment ☐ Other:

Details

Please describe your feedback, including date, location and any staff involved, if applicable:

Did we meet your accessibility needs on this occasion?

☐ Yes ☐ No ☐ Not applicable

Would you like a response to your feedback?

☐ Yes ☐ No

Office Use Only

Received by	
Date received	
Date acknowledged	
Action taken	
Date responded (within 10 business days)	
Closed by	

Note: This form is available in accessible formats and communication supports on request, at no extra cost. Feedback may also be given verbally, by phone, or in any other format that is convenient for you.