



AODA Customer Feedback Form

Innova Medical values our employees and customers and we strive to meet everyone's needs. We are committed to providing exceptional customer service, goods and services that are accessible to all persons that we serve.

Your feedback is important in helping us to improve accessible services. Please take a moment to complete this feedback form and let us know how we are doing

Date of Visit:

Time of Visit:

Purpose of Visit:

Did we respond to your accommodation request? Yes No

If no, please explain:

Did you receive customer service in an accessible manner? Yes No

If no, please explain

Did you experience any problems accessing our goods or service? Yes No

If yes, please explain

Please add any other comments or suggestions you may have:

Please provide us with your contact information (optional):

(Any personal information is collected pursuant to Ontario Regulation 429/07, the Accessible Standards for Customer Service and will be used strictly for the purpose of responding to your feedback)

Full Name:

Telephone Number:

E-mail:

Would you like to be contacted by an Innova representative? Yes No

(Customers will be contacted within 5 business days of receiving feedback)

*****If yes, please ensure you complete the contact information above***

How would you like to be contacted? Telephone E-mail

Thank you for your feedback

E-Mail: all.csr.to@innovamed.com

Mail: 48 Carnforth Rd North York ON M4A 2K7

Phone: 416-615-0185 / 800-461-1200

Fax: 416-631-8272 / 800-313-8696