



ACCESSIBILITY FEEDBACK FORM

A&L Canada Laboratories Inc. is committed to improving accessibility for individuals with disabilities.

We would like to hear your comments, questions or suggestions about the provision of our products or services to individuals with disabilities.

Please tell us the date, time and location of your visit:

Date: _____

Time: _____

Location: _____

Did we respond to your customer service needs today?

YES

NO

Was our service provided to you in accessible manner?

YES

SOMEWHAT (please explain below)

NO (please explain below)

Did you experience any difficulties accessing our services?

YES

SOMEWHAT (please explain below)

NO (please explain below)

Do you have any other comments to help us better serve individuals with disabilities?

Thank you for your feedback.

Contact Information (optional)

If you wish to receive a response from A&L Canada Laboratories Inc. concerning your inquiry, suggestion, or concern, please provide the following information:

Name: _____

Email: _____

Phone: _____

Please note: any personal information collected through completion of this Feedback Form will be kept private and will only be used for the sole purpose of responding to the submitted inquiry.