**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.

This document applies to the Ontario operations of A&L Canada Laboratories Inc., ALINK Solutions Inc., and A&L Biologicals Inc.

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