

## Accessibility for Ontarians with Disabilities Act (AODA) Customer Feedback Form

Date:	e: Tin	ne:			
Name	ne of staff involved in the situation, if applicab	le:			
Were	e you able to receive the information that you	ı wanted?	YES	NO	
Please	se provide details about the situation:				
	u experienced difficulty due to an accessibility				
	u wish to be contacted by staff, please provid				
Name	ne:				
	il:				
How d	do you prefer to be contacted? Phone /Emai	l /Regular Mai	l/Other		
Classic	sic Bowl Contact information:				
Mail:	: Classic Bowl 20-3055 Dundas Street West Mississauga, Ontario				

Email: quentinfay@classicbowl.com

L5L 3R8

Phone: (905)607-2695 ext 221

**Confidentiality Statement:** Personal information including information pertaining to the nature of an individual's disability and individuals named in the event will be kept confidential. Staff and others acting on behalf of Classic Bowl will be informed of details on a need-to-know basis only.