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## A.O.D.A. FEEDBACK PROCESS

Dear Valued Participant,

We strive to improve accessibility for our participants with disabilities. We would like to hear your comments, questions and suggestions about the provision of our programs, goods and services to people with disabilities. Participant feedback forms are available at the back of the sanctuary or on our website - [www.grandbend-greenwaypc.com](http://www.grandbend-greenwaypc.com).

Please call 519-238-2402 or email [gbuc@hay.net](mailto:gbuc@hay.net) to share your comments, or request a copy of our accessibility policy. You can mail to P.O. Box 61, Grand Bend, ON N0M 1T0, or deliver your form to the church office.

Thank you

Wilma Harris

Accessibility Team Member

## A.O.D.A. PARTICIPANT FEEDBACK FORM

Thank you for attending Grand Bend United Church. We value all people and strive to meet everyone's needs. Please tell us the date and time you attended Grand Bend United Church:

Date:\_\_\_\_\_ Time:\_\_\_\_\_

Did we respond to your needs today (Circle one)?    Yes    No

Were our programs/service provided to you in an accessible manner (Circle one)?

Yes

Somewhat (please explain below)

No (please explain below)

Was our church accessible for you (Circle one)?

Yes (please explain below)

Somewhat (please explain below)

No

Please add any other comments you may have: \_\_\_\_\_

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Contact information (optional): \_\_\_\_\_

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Please mail (P.O. Box 61, Grand Bend, ON N0M 1T0) or deliver your form to the church office.

Thank you  
Wilma Harris  
Accessibility Team Member

**A.O.A.D. RECORD OF  
PARTICIPANT FEEDBACK**

**AND FOLLOW UP**

Date feedback received: . \_\_\_\_\_

Name of participant (optional): \_\_\_\_\_

Contact information (if appropriate)\*:

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Details:

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Follow-up:

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Action to be taken:

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Accessibility Team Member: \_\_\_\_\_

Date: \_\_\_\_\_