

## RCYC CUSTOMER SERVICE FEEDBACK FORM Accessibility for Ontarians with Disabilities Act, 2024 (AODA)

Thank you for visiting the Royal Canadian Yacht Club! We value all of our Members and strive to meet your needs.

Please tell us the date and location of your visit:

| ite:   |            | Location:  | Location: |  |
|--------|------------|--|-----------|--|
| 1. We  | re you sat | tisfied with the customer service we provided you?     |           |  |
| Yes    | No         | Somewhat   |           |  |
| Comm   | ents:      |  |           |  |
| 2. Wa  | s our cust | tomer service provided to you in an accessible manner? |           |  |
| Yes    | No         | Somewhat   |           |  |
| Comm   | ents:      |  |           |  |
| 3. Did | you expe   | erience any problems accessing our goods and services? |           |  |
| Yes    | No         | Somewhat   |           |  |
| Comm   | onts:      |  |           |  |

Contact Information (optional)

| Name: | Phone Number: |
|-------|---------------|
|       |               |

Email: \_\_\_\_\_\_ Member Number: \_\_\_\_\_

Thank You,

The Royal Canadian Yacht Club

www.rcyc.ca