

Feedback Form

Accessibility for Ontarians with Disabilities Act, 2005



Printable form

Please provide the location and date the interaction with Ottawa Food Bank staff/volunteer occurred:

Location: _____ Date: _____

Type of interaction: *in person* *phone* *email* *other*

Names(s) of Ottawa Food Bank staff/volunteer(s) with whom you interacted:

Reason for interaction:

Would you describe the interaction as respectful and appropriate? *yes* *no*

Comments: _____

Name: _____ E-mail address: _____

Phone number: _____

Thank you for you feedback!

Ottawa Food Bank Management Team

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