



Feedback Form for Accessibility Services

Contact Information:

Full Name: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact:

Phone Email

Comments / Concerns / Request / Questions:

Signature: _____ Date: _____

All information provided in this form will be kept confidential and will be used only for the purpose of the feedback process.

If you require assistance to complete this form, please contact Human Resources via one of the following methods:

Email: hrcsupport2@lcc.on.ca

Phone: 519 471 4300 extension 297

Fax: 519-471-1163

Mail: Human Resources, 346 Wonderland Rd S, London, ON N6K 1L3