

# *Kawartha*

**METALS CORP.**

## AODA – Accessibility Standards for Customer Service Record of Customer Feedback Form

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Thank you for visiting Kawartha Metals Corp. We value all of our customers and strive to meet everyone's needs.

Please tell us the date of your visit:

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

Location: \_\_\_\_\_

**1. Were you satisfied with the customer service we provided you? (Please indicate your response(s) by circling or highlighting the chosen field)**

Yes

No

Somewhat

Comments

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**2. Was our customer service provided to you in an accessible manner?**

Yes

No

Somewhat

Comments

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**3. Did you experience any problems accessing our goods and services?**

Yes

No

Somewhat

Comments

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Contact Information (optional)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Kawartha Metals Corp.  
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