

1400 South Service Road West  
Oakville, Ontario L6L 5Y7  
Canada  
Phone: +1 905 827-7777  
Fax: +1 905 825-1583  
www.collinsaerospace.com



## **Customer Feedback (Accessibility)**

Dear Valued Customers,

Our customers are important to us and we work hard to meet everyone's needs. The ultimate goal of the Company is to meet and surpass customer expectations while serving customers with disabilities. Comments on our services regarding how well those expectations are being met are welcome and appreciated.

Feedback regarding the way the Company provides goods and services to people with disabilities can be made by the following methods.

In Person or by Mail: 1400 South Service Road West, Oakville, ON, L6L 5Y7  
Phone: (905) 827-7777  
Fax: (905) 825-1583  
Email: [Stacey.Dow@collins.com](mailto:Stacey.Dow@collins.com)

All feedback, or any complaints, will be directed to the Associate Director, Human Resources, who will look into the matter. The Company will respond to any complaint within fifteen business (15) days.

NOTE: Our Customer Service Policy, or accessible formats and communication supports are available on request.

Thank you.

Management

### Customer Feedback Form (Accessibility)

Our customers are important to us and we work hard to meet everyone's needs. The ultimate goal of the Company is to meet and surpass customer expectations while serving customers with disabilities. Comments on our services regarding how well those expectations are being met are welcome and appreciated.

Feedback regarding the way the Company provides goods and services to people with disabilities can be made by e-mail, verbally and through this feedback form.

All feedback, or any complaints, will be directed to the Associate Director, Human Resources, who will look into the matter. The Company will respond to any complaint within fifteen business (15) days.

NOTE: Our Customer Service Policy, or accessible formats and communication supports are available on request.

<b>Date of your visit:</b>	
<b>Time of your visit:</b>	
<b>Was our service provided to you in an accessible manner? YES or NO</b>	
<b>Did you have problems accessing our services? YES or NO</b>	
<b>Comments:</b>	

### Contact Information

*(Optional – providing contact information allows us to respond to your complaint or follow up for more details if required)*

First Name	Last Name	
Address		
City	Province	Postal Code
Telephone	Email	

Thank you.  
Management