

**APPENDIX 2**  
**Record of Member Feedback**  
**Customer Service AODA**

Date feedback received: \_\_\_\_\_

Name of Member (optional): \_\_\_\_\_

Contact information (optional): \_\_\_\_\_

Details:

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Follow-up:

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Action to be taken:

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\_\_\_\_\_  
Employee Name/Signature

\_\_\_\_\_  
Date

\* form to be filed with Human Resources & Training Manager