## THE POLICE CREDIT UNION LIMITED

Accessibility for Ontarians with Disabilities Act Policy
O1 Customer Service Policy

## APPENDIX 2 Record of Member Feedback Customer Service AODA

Date feedback received:	
Name of Member (optional):	
Contact information (optional):	
Details:	
Follow-up:	
Action to be taken:	
Employee Name/Signature	 

<sup>\*</sup> form to be filed with Human Resources & Training Manager