

Accessibility Feedback Form

At Alectra Utilities (formerly Brampton Hydro), it is important to us how we interact with the public and in meeting everyone’s needs. Feedback is fundamental to help us continue to help us improve the high quality of service we commit to providing members of the public with disabilities.

If you wish to provide feedback on how Alectra Utilities provides goods and services to people with disabilities kindly complete this Accessibility Form by one of the following three methods:

1. **Print, complete and submit** the following form by mail to: Alectra Utilities Accessibility HR, 175 Sandalwood Parkway West, Brampton, Ontario L7A 1E8
2. Completed feedback form are to be emailed to: accessibilityBrampton@alectrautilities.com
3. **By Phone**, please call **905-840-6300 extension 3561** to give your feedback verbally.

Please let us know about your visit or interaction with Alectra Utilities by providing the following details:

Date:	
-------	--

When accessing Alectra Utilities’ services do you use:

- | | | |
|---|--|---|
| <input type="checkbox"/> Support person | <input type="checkbox"/> Assisted device | <input type="checkbox"/> Service animal |
|---|--|---|

Type of Feedback:

- | | | |
|---------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Commendation | <input type="checkbox"/> Complaint | <input type="checkbox"/> Other |
|---------------------------------------|------------------------------------|--------------------------------|

Details:

Do you have any suggestions to help us improve accessibility? Yes No

If yes, please provide suggestion/s:

Please provide your contact information if you would like us to follow up with you regarding your feedback:

Full Name (First, Last Name):	
Home Address:	
Mailing Address (if different from home Address?):	
Phone number:	

Accessibility Feedback Form

Record of Accessibility Feedback (Alectra Utilities Use Only)

Date of Feedback Received:	
Name of Customer:	
Contact Information:	
Comments:	
Follow-up:	
Action Required:	
Employee Name: (who received feedback)	
Date:	