



**NATIONAL STEEL CAR LIMITED**

P.O. Box 2450  
Hamilton, ON L8N 3J4

## **Accessibility for Ontarians with Disability Act Customer Feedback Form**

Thank you for visiting National Steel Car Limited. At National Steel Car, we are committed to providing disabled persons with the same opportunity to access our goods and services as our other customers. To this end, we will make every effort to offer various methods of communication and to agree upon an acceptable alternative method to meet your needs.

We value your feedback regarding our customer service to you. Please complete the following form and submit to Vice President of Human Resources at the address below:

Jessica Carter  
National Steel Car Limited  
Human Resources Department  
600 Kenilworth Avenue North  
P.O. Box 2450  
Hamilton, ON L8N 3J4  
Telephone: (905) 544-3311  
Facsimile: (905) 544-1633

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**Date of Visit:** \_\_\_\_\_ **Time of Visit:** \_\_\_\_\_

**What was the purpose of your visit?** \_\_\_\_\_

**Did we respond to your customer service needs?** YES NO

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

**Was our customer service provided to you in an accessible manner?** YES SOMEWHAT NO

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

**Did you have any problems accessing our goods and services?** YES SOMEWHAT NO

If yes or somewhat, please explain: \_\_\_\_\_

\_\_\_\_\_

**Please add any other comments you may have:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide us with your contact information below (optional):**

*(Any personal information is collected pursuant to Ont. Regulation 429/07, the Accessible Standards for Customer Service and will be used strictly for the purpose of responding to your feedback)*

**Full Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

**Would you like to be contacted by the Attendance & Reintegration Programs Manager at National Steel Car?**  
YES      NO

*\*If yes, please ensure you complete the contact information above.*

**How would you like to be contacted?**      Telephone      E-mail      Mail

**Thank you for your feedback.**

<b>FOR OFFICE USE ONLY</b>	
<b>Date Feedback was received:</b> _____	<b>Received by:</b> _____
<b>Follow up required:</b> YES      NO	<b>If yes, when was it done:</b> _____
<b>Action Plan required:</b> YES      NO	
If yes, please explain what action was taken: _____	
_____	