Copperfin Credit Union AODA Feedback Form

General Information

Name (please print):
Address:
Preferred Method of contact: ☐ Phone (provide #) ☐ Email (provide email address) ☐ Letter (provide mailing address)

Feedback Details

Describe the date and time of visit or contact. Were your customer service needs met? Was our customer service provided to you in an accessible manner?: Please provide any additional details here including any recommendations you may have for improving our accessibility:

Notification and Consent

Your personal information is necessary to review and/or investigate your feedback. Copperfin Credit Union may need to disclose your information to third parties as part of its review or investigation if it is found that your feedback involves a contravention of the AODA. By signing below you consent to Copperfin disclosing the information contained on this form, and any other additional information relevant to the feedback. If you have any questions about Copperfin's collection and disclosure of your personal information please contact the Privacy Officer of the Credit Union.

Signature	**Date (YY/MM/DD)**

Please email completed form to complaints@copperfin.ca.