



# Accessibility Feedback Form

The ultimate goal of Diversicare Canada Management Services Co., Inc. and All Managed Residences, is to meet and surpass customer expectations while serving all people, including those with disabilities. Comments regarding how well those expectations are being met are welcomed and appreciated.

Feedback regarding the way Diversicare Canada Management Services Co., Inc. and All Managed Residences provides goods and services to people with disabilities can be made by using a feedback form, by mail, email, or verbally.

**All feedback should be directed to:**

**Contact Person:** V.P. People

**Address:** 5290 Yonge St. Suite 200  
North York, ON M2N 5P9

**Phone:** (416) 226-2424

**Email:** [hr@verveseniorliving.com](mailto:hr@verveseniorliving.com)

## Accessible Customer Service Feedback Form

Thank you for visiting Diversicare Canada Management Services Co., Inc. or a residence managed by us. Your feedback is important to us. We consistently strive to improve accessibility for all our customers to meet their needs.

Please take a few moments to share your experience with us today:

1. Residence or Office visited: \_\_\_\_\_
2. Date of your visit: \_\_\_\_\_
3. Approximate time of your visit: \_\_\_\_\_
4. Departments visited: \_\_\_\_\_
5. Were you satisfied with our customer service today?  Yes  No
6. Did you have any problems with accessing our services?  Yes  No  
If yes, please explain: \_\_\_\_\_
7. What, in your opinion, can we do to resolve this problem?  
\_\_\_\_\_

8. May we contact you for additional information?  Yes  No  
If YES, please state your email address and telephone number: \_\_\_\_\_

In order for us to solve this problem efficiently and to help us better serve you and others in the future, please complete the following information.

- Do you currently have a disability?  Yes  No  
If Yes, please explain: \_\_\_\_\_

I agree to all Diversicare Canada Management Services Co., Inc. and their managed Residences to use the information collected on this form.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For Office Use) Feedback Reference # \_\_\_\_\_