

# AVINTIV

# FABRENE

## **ACCESSIBLE CUSTOMER SERVICE POLICY & FEEDBACK PROCESS**

Dear Valued Customer,

### Accessible Customer Service Policy

Avintiv-Fabrene Inc. is committed to making our goods and services accessible to everyone, including people with disabilities. We comply with the Customer Service Standard of the Accessibility for Ontarians Disability Act (2005) and our Accessible Customer Service Policy is available on request.

For a copy of our policy, please contact Human Resources at [nbyhr@avintiv.com](mailto:nbyhr@avintiv.com) or 705-476-7057 extension 200.

### Feedback Process

We strive to improve accessibility for our customers with disabilities. We would like to hear your comments, questions and suggestions about the provision of our goods or services to people with disabilities.

If you are visiting our facility and would like to provide feedback, please see Human Resources to obtain and complete our customer feedback form.

For off-site requests, you may obtain a copy of Avintiv-Fabrene Inc.'s customer feedback form by any of the following means:

1. Contact Human Resources at [nbyhr@avintiv.com](mailto:nbyhr@avintiv.com);
2. Contact Human Resources at 705-476-7057 extension 200; or
3. Visit our website at [www.fabrene.com](http://www.fabrene.com)

Thank you.

Avintiv-Fabrene Inc. Management



### CUSTOMER FEEDBACK FORM

Thank you for visiting Avintiv-Fabrene Inc. We value all of our customers and strive to meet everyone's needs and improve accessibility for our customers with disabilities. We would like to hear your comments, questions and suggestions about the provision of our goods and services, as well as provision of our goods and services to people with disabilities.

Please tell us the date and time of your visit:

Date (DD/MM/YY)

Time

1. Did we respond to your customer service needs today? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Please explain Below)

2. Was our customer service provided to you in an accessible manner?

Yes \_\_\_\_\_ Somewhat \_\_\_\_\_ No \_\_\_\_\_  
(Please explain Below)

3. Did you have any problems accessing our goods and services?

Yes \_\_\_\_\_ Somewhat \_\_\_\_\_ No \_\_\_\_\_  
(Please explain Below)

4. Contact Information (optional):

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name

Last Name

Email Address