



ACCESSIBILITY FEEDBACK FORM

MAD Elevator Inc is committed to improving accessibility for individuals with disabilities.

We would like to hear your comments, questions or suggestions about the provision of our products or services to people with disabilities.

Please tell us the date, time and location of your visit:

Date: _____

Time: _____

Location: _____

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

Was our service provided to you in an accessible manner?

YES SOMEWHAT NO (please elaborate below)

Did you experience any difficulties accessing our services?

YES SOMEWHAT NO (please elaborate below)

Do you have any other comments to help us better serve individuals with disabilities?

Thank you,

Michelle Chang
Human Resources Business Partner
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