



French Language Services – Complaint / Feedback Form

Personal Information (if you wish to be contacted)	Full Name :	_____
	Mailing Address:	_____
	City/Town:	_____
	Postal Code:	_____ Phone : _____
	Email:	_____

Name and the location of the office in question

Briefly describe your experience. Explain what happened, providing the time, location and persons involved (if possible)

Is there anything that we could have done differently to improve your experience?

Forward to any of the ADSAB offices or by:
Email: fschel@adsab.on.ca
Fax: 705-843-0482