



## ACCESSIBILITY FEEDBACK FORM

### Contact Information

Date:

Client ☐

Employee ☐

Other: \_\_\_\_\_ ☐

First Name:

Last Name:

Telephone:

Email:

If you are submitting this form on behalf of someone else, please specify your name and contact details below:

### Type of Feedback

Compliment

☐

Accessibility

☐

Other

### Comments

Please send completed forms to Craig du Plessis: [craigp@globalstainless.net](mailto:craigp@globalstainless.net)

For assistance completing this form please contact the same email or call: 647-281-4337