

**Rebound Child & Youth Services Northumberland  
Accessibility for Ontarians with Disabilities Act 2005  
and the Accessibility Standards for Customer Service  
Regulation**

**Feedback Form**

Date: \_\_\_\_\_ Name (optional): \_\_\_\_\_

Contact Information (optional):  
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Feedback:  
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<p><b>Office Only:</b></p> <p>Date Received: _____</p> <p>Name of Person Receiving Feedback Form: _____</p> <p>Date Provided to Executive Director: _____</p>
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