

ACCESSIBILITY FEEDBACK PROCESS

Our feedback process is our method of gathering, assessing and implementing input from individuals to ensure that our environment, employment and services are accessible to individuals with disabilities. Gathering this feedback will help us to make necessary adjustments, improvements or accommodations that enhance accessibility and inclusivity. Please provide feedback regarding any barriers you may be experiencing when dealing with our organization, suggestions for improvement, commendations to validate if something is working well or any other feedback you feel will be useful for us to receive.

We gather accessibility feedback via our Accessibility Form (attached to this document)

Completed forms or feedback can be sent to Human Resources via:

- Email: hr@carmentransportation.com
- Mailed (Addressed to Tanya Innocente): 3700 Weston Rd, North York, ON M9L 2Z4.
- Dropped off in person to Tanya Innocente, HR Administrator.

You can also send your feedback anonymously. We will acknowledge receipt of your feedback in the same way you sent us your feedback, unless the feedback was provided anonymously. We will acknowledge receipt of feedback within 24-48 hours of receiving it.

To access this feedback process and form in alternate formats please reach out to Tanya Innocente, hr@carmentransportation.com 416 667 9700 ext 267. We will do our best to provide the requested format as soon as reasonably possible and/or notify you of a timeline on how long it will take to obtain the alternate format requested. You can request to verbally submit feedback and we will document it.

The next step in the process will be for us to review the feedback and present it to management, including our outsourced HR specialist to review. Should we require additional information, we will notify you. This may include further discussion and input on proposed changes or accommodation plans. We will provide a final response within 20 days.

We will update our Accessibility Plan accordingly following any changes that will be implemented.

ACCESSIBILITY FEEDBACK FORM

Contact Information

Please check one:

Customer

Employee

Other: _____

Please check if you prefer to submit anonymously (no need to complete Name or Contact info below):

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

Commendation

Accessibility

Other

Comments