**CFA Customer Service Standard Compliance Manual Appendices**

**Appendix 1: Assistive Devices and Alternative Service Methods Template**

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| Policy Name: | **Assistive Devices and Alternative Service Methods Policy** |
| Policy Number: | **[Insert according to internal guidelines and systems]** |
|  | |
| Date Implemented: | **mm/dd/yyyy** |
|  |  |
| Date Revised | **mm/dd/yyyy** |
|  | |
| Policy Statement: | **[Insert name of provider]** welcomes the use of assistive devices by our customers to access our goods and services. Wewill ensure that staff are trained on how to interact with individuals using various assistive devices and alternative service methods. |
|  | |
| Procedure: | **[Insert name of provider]** will provide training to all employees required under the Customer Service Standard on how to safely and effectively execute all alternative service methods, support those using assistive devices and ensure the proper maintenance and use of any assistive devices offered by **[insert name of provider].**  **OPTIONAL:** Our premises are equipped with the following assistive devices: **[insert list]**. ie: Scooters or wheelchairs: **[insert name of provider and contact info]**  **[Insert name of provider]** will ensure that these devices are in good working order at all times and that our staff are able to use these devices in assistance of our customers with disabilities. To further ensure the accessibility of our goods and services we provide the following alternative service methods: **[insert list and describe procedures]**  ie: Home delivery  ie: Additional assistance of a staff person to help navigate within the store  ie: Documents available in large print  ie: E-receipts |
|  |  |
| Scope of Policy: | This policy applies to all employees, volunteers as well as anyone dealing with the public or other third parties on behalf of **[insert name of provider]** in Ontario. |
|  |  |
| Definitions: | Assistive device: A device used by persons with a disability to facilitate access and/or independence in everyday tasks. Such devices include mobility equipment (ie: wheelchairs and walkers) as well as portable communication devices, headwands, hearing aids and much more. |

**Appendix 2: Support Persons Template**

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| Policy Name: | **Policy on the Admission and Access of Support Persons** | |
| Policy Number: | **[Insert according to internal guidelines and systems]** | |
|  | |  |
| Date Implemented: | **mm/dd/yyyy** | |
|  |  | |
| Date Revised: | **mm/dd/yyyy** | |
|  | | |
| Policy Statement: | All support persons are welcome on any premises of **[insert name of provider]** that are open to the public and/or other third parties. For any admission fees required of a support person, advanced notice will be provided. All required employees will receive training on how to interact with individuals requiring support persons. | |
|  | | |
| Procedure: | Support persons will be permitted access to **[insert name of provider]** goods and services in the same manner as any other customer.  **[Insert name of provider]** will provide notice through **[list mechanisms]** regarding any admission fee(s) charged towards a support person while accessing **[insert name of provider]**’s goods and services. | |
|  | | |
| Scope of Policy: | This policy applies to all employees, volunteers as well as anyone dealing with the public or other third parties on behalf of **[insert name of provider]** in Ontario. | |
|  | | |
| Definitions: | **Support person**: “means, in relation to a person with a disability, another person who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to goods or services”[[1]](#footnote-1). | |

**Appendix 3: Service Animals Template**

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| Policy Name: | **Policy of Access for Service Animals** |
| Policy Number: | **[Insert according to internal guidelines and systems]** |
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| Date Implemented: | **mm/dd/yyyy** |
|  | |
| Date Revised: | **mm/dd/yyyy** |
|  | |
| Policy Statement: | Persons with disabilities who are accompanied by a service animal are welcome on any premises open to the public and/or other third parties when accessing **[insert name of provider’s]** goods and services. |
|  | |
| Procedure: | If a customer does not have documentation for their service animal but it appears to be reasonable that the animal is providing assistance, the animal should be permitted on **[insert name of provider]** premises (except in circumstances where animals are excluded by law). If it does not appear to be a service animal, customers should be notified that only service animals are permitted on the premises.  No service animal can be evicted, excluded or separated from its owner unless the animal demonstrates behavior posing a direct threat to the health and safety of others. They cannot be removed or excluded as a matter of preference. Individuals with objections to the presence of a service animal should be consulted individually to find a compromise that does not hinder access for the individual with a disability. In the event that a service animal must be separated from an individual, the following procedure will be used: **[indicate a safe area for the animal to be moved (if needed) and how you will serve the individual in question]** |
|  | |
| Scope of Policy: | This policy applies to all employees, volunteers as well as anyone dealing with the public or other third parties on behalf of **[insert name of provider]** in Ontario. |
|  | |
| Definitions: | Service Animal: “An animal is a service animal for a person with a disability, (a) if it is readily apparent that the animal is used by the person for reasons relating to his or her disability; or (b) if the person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability”[[2]](#footnote-2). |

**Appendix 4: Temporary Disruption Notification Template**

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| Policy Name: | **Temporary Disruption Notification Policy** |
| Policy Number: | **[Insert according to internal guidelines and systems]** |
|  | |
| Date Implemented: | **mm/dd/yyyy** |
|  |  |
| Date Revised: | **mm/dd/yyyy** |
|  | |
| Policy Statement: | During a temporary disruption to the availability of **[insert name of provider]’s** facilities and/or services, we will notify our customers of the reason for the disruption and its anticipated duration. To ensure effective dissemination of this information notices will be posted in the following areas **[list sites: public entrances/exists, service kiosks, website…etc]** as soon as is practicable.If alternate facilities and/or services are available during the disruption, we will also include this information in public notices. |
|  | |
| Procedure: | The **[insert employee title]** is responsible for posting notices regarding any disruption to services. These will be posted in the following areas: **[insert list]** as soon as is practicable. These notices will include the reason for the disruption, its expected duration as well as a description of any alternative services/facilities available. A template notice for posting is available **[insert location].** |
|  | |
| Scope of Policy: | This policy applies to all employees, volunteers as well as anyone dealing with the public or other third parties on behalf of **[insert name of provider]** in Ontario. |
|  | |
| Definitions: |  |

**Template for the Notification of Temporary Disruption**

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| **Template for the Notification of Temporary Disruption** |
| Dear Customers,  Unfortunately, our washroom is currently out of service due to **[insert reason]**. It is expected to be fully operational on **[mm/dd/yyyy]**. To minimize any inconvenience to our valued customers, we have made arrangements for the use an alternative washroom located **[insert location]**.  Thank you,  **[insert company name]** |

**Appendix 5: Accessible Customer Service Feedback Templates**

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| Policy Name: | **Accessible Customer Service Feedback** |
| Policy Number: | **[Insert according to internal guidelines and systems]** |
|  | |
| Date Implemented: | **mm/dd/yyyy** |
|  | |
| Date Revised: | **mm/dd/yyyy** |
|  | |
| Policy Statement: | In compliance with O.Reg 429/07, the Accessibility for Ontarians with Disabilities Act, 2005, **[insert name of provider]** has established a feedback process specifically for the accessibility of our customer service. Feedback is accepted in the following formats: in person, by telephone, email, or using a diskette or other e-submission format. Notice regarding the availability of this process will be posted in the following areas: **[insert list of locations/formats]**. |
|  | |
| Procedure: | To provide feedback, customers can submit using the following methods:  By e-mail: **[insert e-mail address]**  By mail: **[insert mailing address]**  In person to: **[insert address and/or staff responsible]**  By phone: **[insert phone number]**  Customers are welcome to leave their contact information should they like to receive a response. Feedback will be directed to **[insert name of individual/department]** and complaints will be addressed in accordance with **[insert name of provider]’s** following policies and procedures: **[insert list]**. |
|  | |
| Scope of Policy: | This policy applies to all employees, volunteers as well as anyone dealing with the public or other third parties on behalf of **[insert name of provider]** in Ontario. |
|  | |
| Definitions: |  |

**Notification of Feedback Process Template:**

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| **Notification of Feedback Process Template:** |
| Dear Customers,  In order to ensure we are meeting the needs of our customers with disabilities we invite you to provide us with your feedback regarding the accessibility of our services. If you would like to participate, please ask a service representative for a form. You can also email **[insert email]** or call **[insert phone number]** to have one provided to you.  Thank you,  **[insert company name]** |

**Accessible Customer Service Feedback Form Template:**

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| --- | --- | --- |
| **Feedback Form Template** | | |
| **[Insert name of provider]** is committed to providing accessible customer service and ensuring our customer’s needs are met. You are welcome to complete the following form and submit your feedback to us. All feedback will be reviewed by **[insert employee title]** and action(s) will be taken at the discretion of **[insert name of provider].** This form can be submitted in the following ways:  **By e-mail: [insert e-mail address]**  **By mail: [insert mailing address]**  **By fax: [insert fax number]**  **In person to: [insert address and/or staff responsible]**  **By phone: [insert phone number]**  **Thank you!** | | |
| **Contact Information (optional)** | | |
| **Name:** | |  |
| **Address:** | |  |
| **City/Town:** |  | **Postal Code:** |
| **Email:** | | **Phone:** |
| **Feedback** | | |
|  |  | |
| **Date submitted: mm/dd/yyyy** | | |

**Appendix 6: Training Template**

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| Policy Name: | **Training** |
| Policy Number: | **[Insert according to internal guidelines and systems]** |
|  | |
| Date Implemented: | **mm/dd/yyyy** |
|  | |
| Date Revised: | **mm/dd/yyyy** |
|  | |
| Policy Statement: | **[Insert name of provider]** will provide training for all employees required under the Customer Service Standard. This includes all employees and volunteers who engage with the public as well as any third parties contracted by **[insert name of provider]** engaging with the public on our behalf. In addition, everyone who is involved with and/or influences the provision of customer service, its policies, practices and procedures will also be trained. Training will be recorded and updated in respect to any changes to the policies, practices or procedures surrounding the AODA.  Training will include:   * A summary of both the AODA and the Customer Service Standard. This summary will include the resulting policies, practices and procedures for **[insert name of provider]** surrounding the provision of goods and services * How to communicate and interact with persons with disabilities and those using assistive devices and/or who are accompanied by a service animal and/or support person * How to use any assistive devices and or technologies available on **[insert name of provider]’s** premises * The process for aiding an individual with a disability who is experiencing difficulty in accessing **[insert name of provider]’s** goods and services. |
|  | |
| Procedure: | All required staff will be trained by January 1, 2012. New employees will be trained as soon as is practicable, preferably within the first **[insert number]** weeks of employment. Training records will be kept and maintained by **[insert name of department/individual responsible]**. |
|  | |
| Scope of Policy: | This policy applies to anyone dealing with the public, other third parties on behalf of **[insert name of provider]** and /or who is involved with and/or influences the provision of customer service, its policies, practices and procedures in Ontario. |
|  | |
| Definitions: |  |

**Appendix 7: Communications Templates**

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| Policy Name: | **Communications** |
| Policy Number: | **[Insert according to internal guidelines and systems]** |
|  | |
| Date Implemented: | **mm/dd/yyyy** |
|  |  |
| Date Revised: | **mm/dd/yyyy** |
|  | |
| Policy Statement: | **[Insert name of provider]** is committed to communicating with people with disabilities in a manner that takes into consideration an individual’s disability. To do this, we train all required employees, volunteers and third party contractors in how to communicate with persons with disabilities. |
|  | |
| Procedure: | Requests for alternative methods of communication should be fulfilled as promptly as feasible. This may be as simple as using a note pad to write down information or simply having a customer service representative read information out loud to a customer. A variety of formats of publicly available documents should be readily available and can be found **[insert locations]**. If a solution or accommodation is not readily available the customer’s request should be recorded **[insert where]** and accommodated. The solution may require a compromise. All requests should be submitted to: **[insert name/title of individual responsible]** for review and processing. |
|  | |
| Scope of Policy: | This policy applies to all employees, volunteers as well as anyone dealing with the public or other third parties on behalf of **[insert name of provider]** in Ontario. |
|  | |
| Definitions: | Communication: refers to the transference of information and can use a variety of formats including verbal, written and/or visual. |

**Alternative Document Request Template:**

|  |  |  |
| --- | --- | --- |
| **Template form for the request for alternative documentation format** | | |
| **[Insert name of provider]** is committed to providing information our customers need in a format that takes into consideration their disability. If you require a format other than that which has already been provided, please complete this form and submit in one of the following ways:  **By e-mail: [insert e-mail address]**  **By mail: [insert mailing address]**  **By fax: [insert fax number]**  **In person to: [insert address and/or staff responsible]**  **By phone: [insert phone number]**  **[Insert name of provider]** will do our best to accommodate your needs, but a compromise may be necessary. Once your request has been received, you will be contacted within **[insert number]** business days**.** | | |
| **Contact Information** | | |
| **Name:** | |  |
| **Address:** | |  |
| **City/Town:** |  | **Postal Code:** |
| **Email:** | | **Phone:** |
| **Name and description of document(s) requested:** | | |
| **Format preferences** | | |
| **Please describe your format preferences and provide options in how they can be met:** | | |
| **Date submitted:** | | |

1. Accessibility Standards for Customer Service, O. Reg. 429/07, s. 4 (8). [↑](#footnote-ref-1)
2. Accessibility Standards for Customer Service O. Reg. 429/07, s. 4 (9). [↑](#footnote-ref-2)