Accessible Customer Service Plan

Providing Goods and Services to People with Disabilities

| (enter your organization) MEADOWS PHARMACY |
|--|
| is committed to excellence in serving all customers including people with disabilities. |
| Assistive devices |
| We will ensure that our staff are trained and familiar with various assistive devices that may be used by customers with disabilities while accessing our goods or services. |
| Communication |
| We will communicate with people with disabilities in ways that take into account their disability. |
| Service animals |
| We welcome people with disabilities and their service animals. Service animals are allowed on the parts of our premises that are open to the public. |
| Support persons A person with a disability who is accompanied by a support person will be allowed to have that person accompany them on our premises. |
| Fees will not be charged for support persons |
| (enter the amount) will be charged to the support person for admission |
| to (enter your organization) 's premises. |
| We will notify customers of this through a notice posted on our premises and (enter any other |
| means by which provider will notify customer of fee) |

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Notice of temporary disruption

| In the event of a planned or unexpected disruption to services or facilities for customers with disabilities (enter list of services/facilities) | |
|---|--|
| (enter your organization) MEADOWS PHARMACY will | |
| (enter your organization) will notify customers promptly. This clearly posted notice will include information about the reason for the disruption, its anticipated length of time, and a description of alternative facilities or services, if available. | |
| The notice will be placed at (list all locations where this notice will be made available) | |
| ON ENTRANCE/EXIT DOORS AT FRONT OF STORE | |
| | |
| Training for staff | |
| (enter your organization) MEADOWS PHARMACY will | |
| provide training to employees, volunteers and others who deal with the public or other third parties on their behalf. | |
| Individuals in the following positions will be trained: | |
| (enter list of positions that require training, for example, customer service representatives, sales associates, managers etc.) CASHIER/MERCHANDISERS, TECHNICIANS, | |
| POS OPERATORS, FRONT SHOP MANAGER, PHARMACISTS, STOCKING FITTERS | |
| AND ACCOUNTS PAYABLE/RECEIVABLE STAFF | |
| This training will be provided to staff (enter how long after hiring, training will be provided to staff) | |
| UPON NEW EMPLOYEE ORIENTATION SESSION | |

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| Train | ing will include: | | |
|---|--|--|--|
| • | An overview of the Accessibility for Ontarians with Disabilities Act, 2005 and the requirements of the customer service standard (enter your organization) MEADOWS PHARMACY | | |
| | related to the customer service standard. | | |
| • | How to interact and communicate with people with various types of disabilities | | |
| • | How to interact with people with disabilities who use an assistive device or require the assistance of a service animal or a support person | | |
| • | How to use the (enter name of equipment or devices, e.g. TTY, wheelchair lifts, etc., available on-site or otherwise that may help with providing goods or services to people with disabilities) | | |
| | | | |
| | | | |
| • | What to do if a person with a disability is having difficulty in accessing (enter your | | |
| | organization) MEADOWS PHARMACY 's goods and services | | |
| Staff will also be trained when changes are made to your plan. | | | |
| Feed | back process | | |
| Customers who wish to provide feedback on the way (enter your organization) | | | |
| MEA | DOWS PHARMACY provides goods and services to people with | | |
| | oilities can (enter ways feedback can be provided, for example, e-mail, verbally, suggestion FILL OUT A CUSTOMER SUGGESTION/FEEDBACK FORM | | |

AND PLACE IT IN THE SUGGESTION BOX OR EMAIL US USING THE ADDRESSES ON OUR WEBSITE

box, feedback card, etc.)

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be modified or removed.

| All feedback will be directed to (enter title of person responsible for receiving feedback) | | |
|---|--|--|
| FRONT SHOP MANAGER | | |
| Customers can expect to hear back in (enter number of days) 7 | | |
| | | |
| Complaints will be addressed according to our organization's regular complaint management | | |
| procedures. | | |
| | | |
| Modifications to this or other policies | | |
| Any policy of (enter your organization) MEADOWS PHARMACY | | |
| Any poncy of (effect your organization) | | |
| that does not respect and promote the dignity and independence of people with disabilities will | | |