



Accessibility of Ontario Disability Act (AODA) Customer Feedback Form

BlueRock Therapeutics is dedicated to preserving the dignity and independence of individuals with disabilities through our treatment approach. Your input regarding the delivery of our services or facilities is valued, as it aids us in better addressing your customer service requirements.

Upon request, accessible formats of this Feedback Form and communication assistance are accessible. Kindly inform us of the date, time, and preferred method for accessing BlueRock Therapeutics ULC facilities.

Date: _____

Time: _____

Method of Access: _____

1. Did you find our customer service to be delivered in a way that was easily accessible to you?

YES ☐ SOMEWHAT ☐ NO ☐

Comment: _____

2. Is the feedback process of BlueRock, including this Feedback Form, presented in a way that is easily accessible?

YES ☐ SOMEWHAT ☐ NO ☐

Comment: _____

3. Feel free to share any additional comments, concerns, or suggestions you may have:

Comment: _____

4. Would you like to receive a response regarding your feedback?

YES ☐

NO ☐

(If "YES", please provide your contact information below)

Name: _____ Contact Information: _____

Thank you for providing us with this information. Rest assured that all received data will be treated with the utmost confidentiality, and only suggestions aimed at enhancing our processes will be shared within our organization.

[Please send this form to us via email: hr@bluerocktx.com](mailto:hr@bluerocktx.com)