

## This form may be submitted:

- at any branch of Vaughan Public Libraries
- by fax: (905) 709-1530
- or mailed directly to the  
**Chief Executive Officer**  
**Vaughan Public Libraries**  
**900 Clark Avenue West**  
**Vaughan, Ontario**  
**L4J 8C1**

Your comments and suggestions assist Vaughan Public Libraries to develop collections and services which reflect the needs of the communities in the City of Vaughan.

### **Our Vision:**

*Enrich Inspire Transform*

### **Our Mission:**

*Vaughan Public Libraries offers welcoming destinations that educate, excite and empower our community.*

*Personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act, 1990, MFIPPA\Regulation 29. The information will be used internally by Vaughan Public Libraries staff in order to improve services. Questions regarding the collection of this information should be directed to the Director of Service Delivery. Freedom of Information Requests should be mailed to: Vaughan Public Libraries Administration Offices 900 Clark Avenue W., Thornhill, ON L4J 8C1*

## VPL Library Locations

### **Ansley Grove Library**

350 Ansley Grove Rd., Woodbridge

### **Bathurst Clark Resource Library**

900 Clark Ave. W., Vaughan

### **Dufferin Clark Library**

1441 Clark Ave. W., Vaughan

### **Kleinburg Library**

10341 Islington Ave. N., Kleinburg

### **Maple Library**

10190 Keele St., Maple

### **Pierre Berton Resource Library**

4921 Rutherford Rd., Woodbridge

### **Woodbridge Library**

150 Woodbridge Ave., Woodbridge

[www.vaughanpl.info](http://www.vaughanpl.info)  
(905) 653-READ (7323)

# Accessibility for Ontarians with Disabilities

## Customer Feedback Form

Vaughan Public Libraries welcomes your valuable comments, questions and suggestions about VPL's services to persons with disabilities.



Vaughan Public Libraries strives to meet the needs of all citizens. We use your feedback to make sure that VPL meets reasonable expectations and can provide our services to all of our customers, and make improvements where necessary. Please assist us by completing this form.

When did you visit the library (date and time)?

\_\_\_\_\_

Which location did you visit? (please check)

- Ansley Grove Library     Bathurst Clark Resource Library  
 Dufferin Clark Library     Kleinburg Library     Maple Library  
 Pierre Berton Resource Library     Woodbridge Library

Did we respond to your customer service needs?     Yes     No

Was our customer service provided in an accessible manner?

- Yes     Somewhat     No

Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you have any problem accessing any of our services?

- Yes     Somewhat     No

Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Contact Information (optional)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Telephone:**

Day: \_\_\_\_\_

Evening: \_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_\_

**Preferred Method of Contact:**

Mail     Phone     Email

I do not require a response

