



## Accessibility of Ontario Disability Act (AODA) Customer Feedback Form

The Sanofi Group is inclusive of Sanofi Pasteur Limited, sanofi-aventis Canada Inc. and Sanofi Consumer Health Inc. The Sanofi Group is committed to improving accessibility for individuals with disabilities. We welcome your feedback about the provision of our goods, services, and/or facilities to help us meet your customer service needs.

Accessible formats of this Feedback Form and communication supports are available upon request.

Please tell us the date, time, and method of accessing Sanofi's goods, services, and/or facilities:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Method of Access: \_\_\_\_\_

**1. Was our customer service provided to you in an accessible manner?**

YES (please explain below)  SOMEWHAT (please explain below)  NO (please explain below)

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

**2. Is Sanofi's feedback process, including this Feedback Form, provided in an accessible manner?**

YES (please explain below)  SOMEWHAT (please explain below)  NO (please explain below)

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

**3. Please add any other comments, concerns, or suggestions you may have:**

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

**4. Do you wish to receive a response to your feedback?**

YES  NO  (If "YES", please provide your contact information below)

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_ Mailing address: \_\_\_\_\_

Thank you for sharing this information with us. All information received will be held in strict confidence, and only suggestions received for improvement to our processes will be shared within our organization.

Please send this form to us via email: [CAINTERNET@sanofi.com](mailto:CAINTERNET@sanofi.com) or mail : 2905 Place Louis-R.-Renaud, Laval, QC H7V 0A3, Canada attention : Communications.