



ACCESSIBILITY FEEDBACK FORM
LUMII

Please share your observations about any accessibility barriers you have encountered or how Lumii Solutions is implementing its accessibility plan. Your feedback helps us continuously improve our services and make our organization more inclusive.

*Required field

First name: _____ **Last name:** _____

Email address: _____

Phone (optional): (____) _____ **Location or service concerned:** _____

Date of experience: ____ / ____ / ____

Type of barrier

- Communication and information
- Customer service
- Physical environment
- Technology
- Other:

***Comment or message:**

Would you like to be contacted?

- Yes, by email
- Yes, by phone
- No

The information provided in this form is collected to improve our accessibility practices. It will be processed in accordance with our Privacy Policy and Act 25 (Quebec). You may also submit your comments by phone, mail, or in person.