Completing your accessibility compliance report

You must complete the mandatory fields on each page before you can move to the next page. Mandatory fields are marked with an asterisk (*).

To start, save the form on your computer. Be sure to open the form with the latest version of Adobe Reader. You can save the form at any point in the process and return to it later. You may distribute the form within your organization for input before submitting.

You need the following to file your accessibility compliance report:

- · organization legal name
- 9-digit business number (BN9). This is the number that Canada Revenue Agency uses to identify your
 organization. You can find it on your federal or provincial tax return. If your organization does not have a business
 number (BN9), contact us to receive an AODA identifier to be used in place of a business number (BN9).
- organization category (Ontario Public Service/Ontario Legislative Assembly, Designated Public Sector, Business or Non-profit)

Note: If you select the wrong organization category, you may see questions that do not apply to you. You will need to correct the category and enter your data again to successfully submit your report.

- number of employees in your organization in Ontario
- name and contact information of your certifier (a director or senior officer with legal authority to say that the report is complete and accurate)

File for up to 20 organizations at once

You can use one form to file a report for up to 20 organizations. To do so, you need each organization's:

- legal name
- business number (BN9) or AODA identifier
- number of employees in Ontario
- address

Each organization must have the same:

- organization category
- number of employees range (e.g. 20-49, 50+)
- · certifier
- · answers to all of the accessibility compliance questions

If not, you will need to complete a separate form for each organization.

Note: Users of assistive technology should pull up a list of buttons to get a list of the links on the form.

Begin your report

Follow these steps to complete your form:

1. Download and save the form

- Download and save the form on your computer
- · Open the form with the latest version of Adobe Reader

2. Enter your organization's information

Enter your organization's information then select Next

3. Understand your requirements

• If you need information about the requirements, select the website link in **section B: Understand your accessibility requirements**. This will bring you to our website where you can see your requirements.

4. Certify your report

- Complete the Certifier Information section
- · The certifier must:
 - make sure all information on the form is complete and accurate
 - check the box to show they have authority to certify your organization
 - enter the certification date or select it from the drop-down calendar
- Enter your organization's primary contact. This is the person to be contacted if more information is needed. This person may be the certifier or a different person.

5. Answer the questions

- The questions on the form are based on the requirements that apply to your:
 - organization category
 - number of employees range
- Select **Yes** (if you are in compliance) or **No** (if you are not in compliance) for each question. You may add comments in the comment box below each question.
- Each report question has links to:
 - the regulation section that is related to that question
 - helpful resources to help you understand and comply with the requirements
- Once you have answered all of the questions, select Save form at the bottom of the page before selecting Next
- · Review the accessibility compliance report summary.

6. Submit your report

- You may save the form at any time by selecting the Save form button. When you are ready to submit your report, select the Save and Submit button. You will be prompted to save the form on your computer first and then it will be submitted.
- Wait for a confirmation prompt with a confirmation number that either confirms submission or indicates any problems.
- Once the report is received, an email will be sent to the Certifier and the Primary Contact. This email will include:
 - a confirmation number
 - an accessible PDF copy of your report

If you have not received a confirmation number upon successfully submitting the form or have any questions, please contact the AODA Contact Centre (ServiceOntario) at:

Toll free phone: 1-866-515-2025 TTY Toll free: 1-800-268-7095

Phone: 416-849-8276 TTY: 416-325-3408

Alternate formats

If you need the accessibility compliance report in an alternate format, please email accessibility @ontario.ca.



2023 Accessibility Compliance Report

Instructions

All information you provide is subject to the Freedom of Information and Protection of Privacy Act.

If you are a public sector organization with **20 or more employees** that is not designated under the Integrated Accessibility Standards Regulation (IASR) you are to comply with the IASR as a private/not-for-profit organization and complete the appropriate Accessibility Compliance Report. If you are a public sector organization with **fewer than 20 employees** that is not designated under the IASR, you are to comply with the IASR as a small business/non-profit organization and are exempt from the requirement to submit a report.

Fields marked with an asterisk (*) are mandatory. A. Organization information Organization category ' Number of employees range * Reporting year **Business or Non-profit** 50+ employees 2023 **Business details** Organization legal name * Number of employees in Ontario * Help Alorica Customer Care Ltd. Service a la clientele alorica Itee 186 Business number (BN9) * Check this box if you have received an AODA identifier Help from the Ministry for Seniors and Accessibility 878766229 ∇ Check if operating/business name is same as legal name Organization operating/business name Alorica Customer Care Ltd. Service a la clientele alorica Itee Sector that best describes your organization's principal business activity * Help **Empty** Subsector (if possible) **Empty** Industry group (if possible) **Empty** Mailing address Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities. Country * The fields below will change based on your selection. Canada USA International Address line 1 * 130 John Muir Dr. Suite 106 Address line 2 City ' State 3 Zip code * Amherst 14228 **New York Business address** (Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.) ✓ Check if business address is same as mailing address. Country * The fields below will change based on your selection. Canada USA International

Address line 1 * 130 John Muir Dr. Suite 106					
Address line 2					
City *	State *	Zip code *			



2023 Accessibility compliance report

Organization category Business or Non-profit					
Number of employees range	50+				
Filing organization legal name	e Alorica Customer Care L	_td.	Service a la clientele alc	rica Itee	
Filing organization business r	number (BN9) 878766229	9			
Fields marked with an asteris	k (*) are mandatory.				
B. Understand your acces	ssibility requirements				
, , , ,	Before you begin your report, you can learn about your accessibility requirements at oncolor:oncolor				
a producer of educer	cation material (e.g. textbook	(s)			
• an education instit	tution (e.g. school board, coll	lege,	university or school)		
• a municipality					
C. Accessibility complian	nce report certification				
Section 15 of the <i>Accessibility</i> for certifying that all the required inforganization(s).					
Note: It is an offence under the	Act to provide false or mislea	ading	information in an accessib	oility report file	ed under the AODA.
The certifier may designate a pri otherwise the certifier will be the		for :	Seniors and Accessibility to	o contact the	organization(s);
Certifier: Someone who can leg	ally bind the organization(s).				
Primary Contact: The person w	ho will be the main contact f	or ac	ccessibility issues.		
Acknowledgement					
✓ I certify that all the informatio	n is accurate and I have the	auth	ority to bind the organization	on *	
Certification date (yyyy-mm-dd)	* 2025-08-15				
Certifier information					
Last name * Courtenay			First name * Vondradee		
Position title * Director	Business phone number * 866-256-7422	Ext	ension Check her if TTY	е	
Email * vondradee.courtenay@alorica	a.com		Alternate phone number	Extension	Fax number
Primary contact for the org	anization(s)			1	
Check if the primary contact Last name * May					

Position Preside		Business phone number * 866-256-7422	Exten	sion	Check her	e		
Email * yvonne	.may@alorica.com		A	lternate	ohone number	Extension	Fax numbe	r
D. Acc	essibility complia	nce report questions	•				1	
Instruc	tions							
Please a	answer each of the follo	wing compliance questions. I	Use the	Comme	ents box if you w	ish to comm	ent on any re	esponse.
		question, click the help links vions and the link on the right						n the left to
Genera	ıl							
-		d and implemented written popplicable accessibility require					Yes	○ No
Read O.	Reg. 191/11, s. 3 (1): E	Establishment of accessibility	policie:	<u>s</u>	Learn more abo	out your requi	irements for	question 1
Comme question								
	your organization estab es, please answer addit	lished and implemented a mi	ulti-yea	ır access	ibility plan? *		Yes	○ No
Read O.	Reg. 191/11, s. 4 (1): A	Accessibility plans			Learn more abo	out your requi	rements for	question 2
2.a.	Does your organizatio (If Yes, please answer						Yes	○ No
Read	d O. Reg. 191/11, s. 4 (1): Accessibility plans			Learn more abo	out your requi	irements for	question 2.a
	nments for stion 2.a							
	2.a.i Is your organizat	tion's accessibility plan poste	ed on yo	our orgar	ization's websi	te? *	Yes	○ No
	Read O. Reg. 191/11,	s. 4 (1): Accessibility plans		<u>Le</u>	earn more abou	t your require	ements for qu	uestion 2.a.i
	Comments for question 2.a.i							
	2.a.ii Does your organ when requested	ization provide the accessibil? *	lity plan	n in an ac	cessible forma	t	Yes	○ No
	Read O. Reg. 191/11, Comments for question 2.a.ii	s. 4 (1): Accessibility plans		<u>Le</u>	earn more abou	t your require	ements for qu	uestion 2.a.ii

	2.b Does your organization update the accessibility plan at least one	e every 5 years?	Yes	O NO
	Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your requ	<u>uirements for q</u>	uestion 2.b
	Comments for question 2.b			
3.	Does your organization provide appropriate training on: *			
Re	ad O. Reg. 191/11, s. 7 (1): Training	Learn more about your rec	uirements for o	question 3
	3.a. The AODA Integrated Accessibility Standards Regulation? *		Yes	○ No
	Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your red	quirements for o	question 3.a
	Comments for question 3.a			
	3.b The Human Rights Code as it pertains to people with disabilities: Read O. Reg. 191/11, s. 7 (1): Training Comments for question 3.b	? * Learn more about your req	Yes uirements for q	○ No uestion 3.b
ní	formation and communications			
ŀ.	Does your organization have a process for receiving and responding to	o feedback	• Yes	No
	that is accessible to people with disabilities? * Note: This requirement is applicable regardless of whether customers on your premises. (If Yes, please answer an additional question)		9	
Re	ead O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your rec	uirements for o	question 4
	4.a. Does your organization notify the public about the availability of and communications supports with respect to the feedback proc Note: This requirement is applicable regardless of whether custo on your premises. *	ess?	Yes	○ No
	Read O. Reg. 191/11, s. 11(2): Feedback	Learn more about your red	quirements for o	question 4.a
	Comments for question 4.a			

ō.	Does your organization have one (or more) website(s) which it contro indirectly ('controls' means that your organization is able to add, remomodify content and functionality of the website)? * (If Yes, please answer an additional question)	-	Yes	No
Re	ead O. Reg. 191/11, s. 14: Accessible websites and web content	Learn more about your i	equirements for	question 5
	5.a. Do all your organization's internet websites conform to World Web Content Accessibility Guidelines 2.0 Level AA (except for recorded audio descriptions)? In the comments box, please list and address of your publicly available web content, including web pages, and apps. *	live captions and pre- t the complete names	Yes	○ No
	Read O. Reg. 191/11, s. 14: Accessible websites and web content	Learn more about your r	equirements for	question 5.a
	Comments for question 5.a			
Cı	ustomer Service			
ີວ.	Does your organization provide training about providing goods, service persons with disabilities to the following? * • Staff and volunteers • People involved in developing accessibility policies • People providing goods, services or facilities on behalf of the organ (If Yes, please answer an additional question)		Yes	○ No
Re	ead O. Reg. 191/11, s. 80.49: Training for staff, etc.	Learn more about your i	requirements for	question 6
	6.a. Does the training include all of the following: *		Yes	○ No
	 A review of the purposes of the AODA? 			
	A review of the purposes of the Customer Service Standard	s?		
	 How to interact and communicate with persons with various 	types of disability?		
	 How to interact with persons with disabilities who use an as the assistance of a guide dog or other service animal or the person? 	•		
	 How to use equipment or devices available on the provider's provided by the provider that may help with the provision of facilities to a person with a disability? 	•		
	 What to do if a person with a particular type of disability is had accessing the provider's goods, services or facilities? 	aving difficulty		
	Read O. Reg. 191/11, s. 80.49: Training for staff, etc.	Learn more about your	requirements for	question 6.a
	Comments for question 6.a			

<i>r</i> .	disabilities, does your organization give a notice of the disruption to the (If Yes, please answer an additional question)	•	• Yes	No
Re	ad O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions	Learn more about your r	equirements for	question 7
	 7.a. Does the notice of the disruption include all of the following? * • The reason for the disruption? • Its anticipated duration? • A description of available alternative facilities or services (if an article of the disruption) 	ny)?	Yes	○ No
	Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions Comments for question 7.a	Learn more about your r	equirements for	question 7.a
3.	Does your organization ever require a person with a disability to be accompored person when on your premises? *	companied by a	○ Yes	No
	(If Yes, please answer an additional question)			
	ad O. Reg. 191/11, s. 80.47 (5): Use of service animals and oport persons	Learn more about your r	requirements for	question 8
	 8.a. Does your organization do all of the following before requiring a pto be accompanied by a support person on your premises: * Consult with the person with a disability? Determine a support person is necessary to protect the healt person with a disability or others on premises? Determine that there is no other way to protect the health or seem to be accompanied by a support person or your premises: * 	h or safety of the	○ Yes	○ No
	with a disability or others on premises? Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and	Learn more about your r	equirements for	question 8.a
	support persons Comments for question 8.a			
Er	nployment			
9.	Does your organization employ any persons with disabilities for whom individualized workplace emergency response information? * (If Yes, please answer additional questions)	you have provided	○ Yes	No
	ad O. Reg. 191/11, s. 27 (1): Workplace emergency response ormation	Learn more about your r	equirements for	question 9

9.a.	Does your organization review the individualized workplace e information for all of the following? *	mergency response	○ Yes	○ No
	 When the employee moves to a different location in the o 	rganization?		
	When the employee's overall accommodation needs or p	<u> </u>		
	 When your organization reviews its general emergency per 			
	d O. Reg. 191/11, s. 27 (4): Workplace emergency response mation	Learn more about your re	equirements for	question 9.a
Con	ments for tion 9.a			
que	1001 3.a			
9.b.	Do any of the employees for whom your organization has pro workplace emergency response information require assistant (If Yes, please answer additional questions)		○ Yes	○ No
	O. Reg. 191/11, s. 27 (2): Workplace emergency response nation	Learn more about your re	equirements for	question 9.b
	ments for tion 9.b			
	9.b.i Has your organization, with the employee's consent, pemergency response information to the person design assistance to the employee? *	-	○Yes	○ No
	Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information	Learn more about your req	uirements for qu	uestion 9.b.i
	Comments for question 9.b.i			
	9.b.ii Was the individualized workplace emergency response soon as practicable after your organization became a accommodation due to the employee's disability? *		○Yes	○ No
	Read O. Reg. 191/11, s. 27 (3): Workplace emergency response information	Learn more about your req	uirements for qu	uestion 9.b.i
	Comments for question 9.b.ii			

Design of public spaces			
10. Since January 1, 2017, has your organization constructed new or redefollowing items? *	eveloped any of the	○ Yes	No
 Outdoor public use eating areas 			
Outdoor play space			
Off-street parking			
Service counter			
Fixed queuing guides			
Waiting areas			
(If Yes, please answer additional questions)			
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your re	equirements t	for question 10
10.a. Where applicable, do the newly constructed or redeveloped item requirements as outlined in the Design of Public Spaces Standa		○ Yes	○ No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your re	<u>equirements f</u>	for question 10.a
Comments for question 10.a			
10.b. Does your organization's multi-year accessibility plan include preventative and emergency maintenance of the accessible elesspaces, and for dealing with temporary disruptions when access not in working order? *	ments in public	○ Yes	○ No
Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements	Learn more about your re	equirements t	for question 10.
Comments for question 10.b			



2023 Accessibility Compliance Report

Organization category Business or Non-profit

Number of employees range 50+

Filing organization legal name Alorica Customer Care Ltd. Service a la clientele alorica Itee

Filing organization business number (BN9) 878766229

Fields marked with an asterisk (*) are mandatory.

E. Accessibility compliance report summary

Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards. **Your organization may be audited to verify compliance.**