

ACCESSIBILITY FEEDBACK FORM

American Eagle Outfitters and aerie are committed to improving accessibility for individuals with disabilities. We value your feedback regarding accessibility. We would like to hear your comments, questions or suggestions about the provision of our goods or services to individuals with disabilities. Please complete this Feedback Form and submit it to:

American Eagle Outfitters - Human Resources 450 Courtneypark Drive West Mississauga, ON L5W 1Y6

If you require assistance in providing your feedback, or require this Feedback Form in an accessible format or with a communication support, please contact our Customer Relations Line at 1-855-468-4333 / <u>CanadaCare@ae.com</u>.

Please tell us the date, time an	d location of your visit:		
Date:			
Time:			
Location:			
Did we respond to your custon	ner service needs today?		
□ YES (please explain below)	□ SOMEWHAT (please explain below)	□ NO (please explain below)	
Was our service provided to yo			
□ YES (please explain below)	□ SOMEWHAT (please explain below)	□ NO (please explain below)	

Did you have any problems accessing our services?



Do you have any other comments to help us better serve individuals with disabilities? Would you like to be contacted by American Eagle Outfitters and aerie in respect of the feedback provided? YES □ NO If yes, please provide us with your contact information below (optional): (Any personal information is collected pursuant to the Accessible Standards for Customer Service and will be used strict for the purpose of responding to your feedback) Full Name: Mailing Address:	☐ YES (please explain below)	□ SOMEWHAT (please explain	n below)	□ NO (please explain below)
Would you like to be contacted by American Eagle Outfitters and aerie in respect of the feedback provided? YES				
Would you like to be contacted by American Eagle Outfitters and aerie in respect of the feedback provided? YES				
Would you like to be contacted by American Eagle Outfitters and aerie in respect of the feedback provided? YES				
□ YES □ NO If yes, please provide us with your contact information below (optional): (Any personal information is collected pursuant to the Accessible Standards for Customer Service and will be used stricts for the purpose of responding to your feedback) Full Name:	Do you have any other comme	nts to help us better serve indiv	viduals wi	ith disabilities?
If yes, please provide us with your contact information below (optional): (Any personal information is collected pursuant to the Accessible Standards for Customer Service and will be used stricts for the purpose of responding to your feedback) Full Name: Mailing Address: Telephone Number: E-mail Address: How would you like to be contacted? □ Telephone □ E-mail □ Mail Thank you for your feedback. American Eagle Outfitters & aerie FOR OFFICE USE ONLY Date Feedback was received: FOR OFFICE USE ONLY				
□ YES □ NO If yes, please provide us with your contact information below (optional): (Any personal information is collected pursuant to the Accessible Standards for Customer Service and will be used stricts for the purpose of responding to your feedback) Full Name:				
YES				
If yes, please provide us with your contact information below (optional): (Any personal information is collected pursuant to the Accessible Standards for Customer Service and will be used stricts for the purpose of responding to your feedback) Full Name: Mailing Address: Telephone Number: E-mail Address: How would you like to be contacted? Telephone E-mail Mail Thank you for your feedback. American Eagle Outfitters & aerie FOR OFFICE USE ONLY Date Feedback was received: Received by: Follow up required: YES NO	Would you like to be contacted	l by American Eagle Outfitters a	and aerie	in respect of the feedback provided?
(Any personal information is collected pursuant to the Accessible Standards for Customer Service and will be used stricts for the purpose of responding to your feedback) Full Name:	□ YES □ NO			
Mailing Address: Telephone Number: E-mail Address: How would you like to be contacted? □ Telephone □ E-mail □ Mail Thank you for your feedback. American Eagle Outfitters & aerie FOR OFFICE USE ONLY Date Feedback was received: Received by: Follow up required: □ YES □ NO	(Any personal information is co	llected pursuant to the Accessik		
Telephone Number: E-mail Address: How would you like to be contacted? □ Telephone □ E-mail □ Mail Thank you for your feedback. American Eagle Outfitters & aerie FOR OFFICE USE ONLY Date Feedback was received: Received by: Follow up required: □ YES □ NO	Full Name:			
E-mail Address: How would you like to be contacted? □ Telephone □ E-mail □ Mail Thank you for your feedback. American Eagle Outfitters & aerie FOR OFFICE USE ONLY Date Feedback was received: Received by: Follow up required: □ YES □ NO Action Plan required: □ YES □ NO	Mailing Address:		_	
How would you like to be contacted? Telephone E-mail Mail Thank you for your feedback. American Eagle Outfitters & aerie FOR OFFICE USE ONLY Date Feedback was received: Received by: Follow up required: YES NO If yes, when was it done: Action Plan required: YES NO	Telephone Number:			
Thank you for your feedback. American Eagle Outfitters & aerie FOR OFFICE USE ONLY Date Feedback was received: Received by: Follow up required: □ YES □ NO	E-mail Address:		_	
American Eagle Outfitters & aerie FOR OFFICE USE ONLY Date Feedback was received: Received by: If yes, when was it done: Action Plan required: YES NO	How would you like to be conta	acted? 🗆 Telephone 🗆 E-mail	l □ Mail	
Date Feedback was received: Received by: If yes, when was it done: Action Plan required: □ YES □ NO		rie		
Follow up required: \square YES \square NO If yes, when was it done:Action Plan required: \square YES \square NO				
Follow up required: \square YES \square NO If yes, when was it done:Action Plan required: \square YES \square NO		!	Received	by:
	· · · · · · · · · · · · · · · · · · ·	NO I	It yes, wh	en was it done:
If yes, please explain what action was taken:				