

## 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 20-49 employees 2023 Business details Organization legal name \* Number of employees in Ontario \* Help South Oakville Chrysler Dodge Jeep Ram Ltd Business number (BN9) \* Help Check this box if you have received an AODA identifier 842843781 from the Ministry for Seniors and Accessibility Check if operating/business name is same as legal name Organization operating/business name South Oakville Chrysler Dodge Jeep Ram Ltd 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 Type of address \* Street address Street address served by route Other Unit number Street number \* Street name \* 175 Wyecroft Street type Street direction City \* Province \* Road Oakville ON (Ontario) Postal code (e.g. A1A 1A1) \* L6K 3S3 **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 *	w will shange based	on vour ool	action		
Canada	w will change based	on your sei USA	ection.	tional	
Type of addres			○ Street address served by route	Other	
Unit number	Street number * 175	Street na Wyecrof	20.00 <del>0</del>		
Street type Road	Street direction		City * Oakville		Province * ON (Ontario)
Postal code (e. L6K 3S3	g. A1A 1A1) *				



# 2023 Accessibility compliance report

Organization category Busi	ness or Non-profit						
Number of employees range 20-49							
Filing organization legal nam	ne South Oakville Chrysler [	Dodge Jeep Ram Ltd					
Filing organization business number (BN9) 842843781							
Fields marked with an asterisk (*) are mandatory.							
	B. Understand your accessibility requirements						
	Before you begin your report, you can learn about your accessibility requirements at ontario.ca/accessibility						
Additional accessibility requiren	Additional accessibility requirements apply if you are:  • a library board						
<ul> <li>a producer of edu</li> </ul>	ucation material (e.g. textbooks	)					
<ul> <li>an education inst</li> </ul>	itution (e.g. school board, colle	ge, university or school)					
<ul> <li>a municipality</li> </ul>							
C. Accessibility complia	nce report certification						
Section 15 of the <i>Accessibility for Ontarians with Disabilities Act, 2005</i> requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).							
Note: It is an offence under the	Note: It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.						
The certifier may designate a primary contact for the Ministry for Seniors and Accessibility to contact the organization(s); otherwise the certifier will be the main contact.							
Certifier: Someone who can legally bind the organization(s).							
Primary Contact: The person who will be the main contact for accessibility issues.							
Acknowledgement							
✓ I certify that all the information is accurate and I have the authority to bind the organization *							
Certification date (yyyy-mm-dd) * 2024-01-26							
Certifier information							
Last name * Yates	First name * Mary Jane						
Position title * Controller		xtension Check here 33 if TTY					
Email * mjyates@southoakvillechrys	ler.com	Alternate phone number	Extension	Fax number 905-845-9109			
Primary contact for the org	ganization(s)		1	1			
Check if the primary contact is same as the certifier							
Last name * Yates	First name * Mary Jane						

	ion titl roller	e *	Business phone number * 905-845-6653	Ext 233	ension 3	Check he	re			
Email * mjyates@southoakvillechrysler.com				-	Alternate	phone number	Extension	Fax number 905-845-9109		
D. A	cces	sibility compliar	nce report questions							
Instr	uctio	ns								
Pleas	e ansv	wer each of the follow	wing compliance questions. l	Jse t	he Comn	nents box if you v	vish to comm	ent on any re	esponse	
If you	need	help with a specific of	question, click the help links ions and the link on the right	whicl	h will ope	n in a new brows	er window. L	lse the link o		
Cust	ome	Service								
1. D	ersons	with disabilities to the	ride training about providing one following? *	good	s, service	s or facilities to		Yes	○ No	
•		and volunteers								
•			oping accessibility policies							
•			services or facilities on beha	If of	the organ	ization				
		olease answer an ad								
Read	O. Re	g. 191/11, s. 80.49:	Training for staff, etc.			Learn more abo	ut your requi	rements for o	question 1	
1.	a. Do	es the training include	de all of the following: *					Yes	○ No	
	•	A review of the pur	poses of the AODA?							
	<ul> <li>A review of the purposes of the Customer Service Standards?</li> </ul>									
	<ul> <li>How to interact and communicate with persons with various types of disability?</li> </ul>									
	<ul> <li>How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support person?</li> </ul>									
	<ul> <li>How to use equipment or devices available on the provider's premises or otherwise provided by the provider that may help with the provision of goods, services or facilities to a person with a disability?</li> </ul>									
	•		son with a particular type of d ider's goods, services or facil			ring difficulty				
Re	ead O.	Reg. 191/11, s. 80.4	49: Training for staff, etc.			Learn more abo	ut your requi	rements for o	uestion 1.a	
	omme	nts for 11.a								

2.	disal	ere is a temporary disruption of goods, services or facilities used be pilities, does your organization give a notice of the disruption to the es, 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 requirements for question 2				
	2.a.	Does the notice of the disruption include all of the following? $^{\star}$		Yes	○ No		
		The reason for the disruption?					
		Its anticipated duration?	.5				
		A description of available alternative facilities or services (if a	**				
		d O. Reg. 191/11, s. 80.48 (2): Notice of temporary ptions	Learn more about your	requirements	s for question 2.a		
		ments for stion 2.a					
	ques	BION Z.a					
3.	a sup	s your organization ever require a person with a disability to be acoport person when on your premises? * es, please answer an additional question)	companied by	○Yes	● No		
		Reg. 191/11, s. 80.47 (5): Use of service animals and persons	Learn more about your r	requirements	s for question 3		
	3.a.	Does your organization do all of the following before requiring a disability to be accompanied by a support person on your premise.		○ Yes	○ No		
		Consult with the person with a disability?					
	<ul> <li>Determine a support person is necessary to protect the health or safety of the person with a disability or others on premises?</li> </ul>						
	<ul> <li>Determine that there is no other way to protect the health or safety of the person with a disability or others on premises?</li> </ul>						
Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons  Learn more about your requirements for que							
		ments for					
	ques	tion 3.a					



## 2023 Accessibility Compliance Report

Organization category Business or Non-profit

Number of employees range 20-49

Filing organization legal name South Oakville Chrysler Dodge Jeep Ram Ltd

Filing organization business number (BN9) 842843781

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.