



## AODA - Customer Service Feedback Form

Thank you for the opportunity to offer you our services. We value all of our customers and strive to meet everyone's needs. Please tell us the date and location of your visit:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

### 1. Did we respond to and meet your customer service needs?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Somewhat <input type="checkbox"/>
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Comments:

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### 2. Was our customer service provided to you in an accessible manner?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Somewhat <input type="checkbox"/>
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Comments:

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### 3. Did you experience any problems accessing our goods and services?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Somewhat <input type="checkbox"/>
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Comments:

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Contact Information (optional)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this feedback form