

Customer Feedback Form

Date: _____

Please answer the following questions honestly, feel free to add any comments in the spaces provided.

1. Were you satisfied with the service we provided you?

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

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

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

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

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

Contact Information (optional)

Name: _____

Phone Number: _____

Email: _____