

Customer Feedback Form

Addendum 2

We value your feedback and appreciate you taking the time to help us improve our delivery of services to everyone.

Contact was through:

- Visit (In person)
- Phone
- Other

If Other was selected, please explain below:

Date/Time of Contact:

Did you experience any difficulties accessing our goods and/or services? (Please check yes or no below)

- Yes
- No

If yes was selected, please explain below:

Were your needs accommodated in a satisfactory way? (Please check yes or no below)

- Yes
- No

If No, how could we have served or otherwise accommodated your needs better? Please explain below.

Thank you for your feedback.