

ACCESSIBILITY CUSTOMER FEEDBACK FORM

Thank you for visiting the Essex CFDC/SADC. We value all of our customers and strive to meet everyone's needs.

Your feedback is important to us. By answering the following questions, you will help our organization to better assist you.

Date and Time of your visit: _____

1	Did we respond to your customer service needs today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Was our customer service provided to you in an accessible manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat
3	Did you encounter any problems in accessing our goods and services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat

Please list the issues that were concerns:

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Please add any other comments you may have:

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Contact information (optional):

Thank you,

Diane Malenfant
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