

Policy Name:	Accessible Customer Service  – App A Customer Feedback Form		
Policy Number:	1.11	Version Number:	1
Review Date:	December 13, 2019		
Next Review:	July 2, 2022		

## Customer Service Feedback Form

Thank you for visiting Mennonite Community Services! We value all of our customers and strive to meet everyone's needs.

	strive to meet everyone	's needs.				
	Please tell us the date a	nd location of your visit:				
	Date:	Loca	ation:			
1.	Vere you satisfied with the customer service we provided you?					
	☐ Yes	□ No	☐ Somewhat			
	Comments					
2.	Was our customer service provided to you in an accessible manner?					
	☐ Yes	☐ No	☐ Somewhat			
3.	Did you experience any Yes	problems accessing our good	D Communication			
	<b>—</b> 163	□ NO	<b>S</b> omewhat			
	Comments					
	Contact Information (op	tional)				
	Name:	Phone Number	:			
	Email:					
	Thank-you,					
	Management					