



Policy Name:	Accessible Customer Service		
Appendix:	A: Customer Feedback Form		
Policy Number:	1.11	Version Number:	3
Review Date:	July 2021		
Next Review:	July 2024		

### Customer Service Feedback Form

Thank you for visiting Mennonite Community 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. Were you satisfied with the customer service we provided you?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
------------------------------	-----------------------------	-----------------------------------

Comments

---

---

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
------------------------------	-----------------------------	-----------------------------------

Comments

---

---

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
------------------------------	-----------------------------	-----------------------------------

Comments

---

---

Contact Information (optional)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Thank-you,  
Management