|  |  |
| --- | --- |
| Policy Name: | Accessible Customer Service |
| Appendix: | A: Customer Feedback Form |
| Policy Number: | 1.11 | Version Number: | 3 |
| Review Date: | November 2024 |
| Next Review: | November 2027 |



**Customer Service Feedback Form**

Thank you for visiting Mennonite Community Services. We value all of our clients 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?**

|  |  |  |
| --- | --- | --- |
| * Yes
 | * No
 | * Somewhat
 |

Comments

1. **Was our customer service provided in an accessible manner?**

|  |  |  |
| --- | --- | --- |
| * Yes
 | * No
 | * Somewhat
 |

Comments

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

|  |  |  |
| --- | --- | --- |
| * Yes
 | * No
 | * Somewhat
 |

Comments

Contact Information (optional)

Name: Phone Number:

Email:

Thank-you,

Management