

AODA Customer Service Standards - Customer Feedback Form

Thank you for visiting and choosing ALMAG! We value all of our Customers and strive to meet everyone's needs.

Please tell us the date of your visit/service, location and the name of the person who you were dealing with:

Date: _____ Location: _____ Person: _____

1. Were you satisfied with the customer service we provided you?

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

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

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

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____

Thank-you, ALMAG Management