

ACCESSIBILITY FOR PEOPLE WITH DISABILITIES CUSTOMER SERVICE FEEDBACK FORM

Your feedback is important as it will help us to better serve you at the CSCE. We would like to hear your comments, questions and suggestions about the provision of our services to people with disabilities. The information disclosed in this form will remain confidential and will be strictly used to improve the services provided.

AT WHICH CSCE SITE DID YOU RECEIVE SERVICES?

- Alexandria Bourget Cornwall Chrysler Embrun Limoges

HOW SATISFIED WERE YOU WITH THE CUSTOMER SERVICE YOU MOST RECENTLY EXPERIENCED AT THE CSCE?

- Very Satisfied
 Somewhat Satisfied
 Not Satisfied

Comments:

WAS THE CUSTOMER SERVICE PROVIDED IN AN ACCESSIBLE MANNER?

- Yes
 Somewhat
 No

Comments:

IN WHAT WAYS COULD WE SERVE YOU BETTER?

WOULD YOU LIKE A CSCE REPRESENTATIVE TO FOLLOW UP WITH YOU REGARDING YOUR FEEDBACK?

- Yes
- No

IF YES, PLEASE PROVIDE YOUR CONTACT INFORMATION.

Name: _____

Address: _____

Telephone: _____

Email: _____