

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	☐ Crysler	□ Embrun	☐ Limoges	
How satisfied CSCE?	were you with	n the customer	service you	most recently	experienced at the	
□ Very Sa□ Somew□ Not Sat	hat Satisfied					
Comments:						
Was the custo	mer service p	provided in an a	accessible m	anner?		
☐ Yes ☐ Some ^r ☐ No	what					
Comments:						
,						



In what ways could we serve you better?							
Would you like a CS	CE representative to follow up with you regardi	ng your feedback?					
☐ Yes							
□ No							
If yes, please provide	your contact information.						
Name:							
Address:							
Telephone:							
текерноне.							
Fmail:							