



Accessible Customer Service Feedback Response

Date: _____ Time: _____ Location: _____

Customer Name & Contact Information: _____

Did we respond to your customer service needs? Yes _____ No _____

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

Yes _____ No _____ Somewhat _____ Please Explain _____

Did you have any problems accessing our services?

Yes No Somewhat Please Explain _____

Additional Comments: _____

OFFICE USE ONLY

Follow Up Action Taken: _____

Contacted Customer with Response: Yes _____ No _____

If No Please Explain _____

Sign _____

Date _____