

CUSTOMER SERVICE FEEDBACK FORM

What could we do better?

Date of experience: _____

Time of day: _____

Location: _____

Name (optional): _____

Contact Information: _____
(optional)

Would you like us to contact you? YES NO

Were you satisfied with your customer service?

- Completely Satisfied
- Somewhat Satisfied
- Not Satisfied

Comments: _____

Was our store neat and tidy?

- Completely Satisfied
- Somewhat Satisfied
- Not Satisfied

Comments: _____

Were our products and services accessible?

- Completely Satisfied
- Somewhat Satisfied
- Not Satisfied

Comments: _____

Were our staff friendly and courteous?

- Completely Satisfied
- Somewhat Satisfied
- Not Satisfied

Comments: _____

Attach additional pages as required.

Please return this form in one of the following manners:

- to the Branch Manager
- e-mail your comments to harriston@northwellington.ca
- visit our website at www.northwellington.ca to fill out this form there
- mail to:
North Wellington Co-operative Services Inc.
56 Margaret St S
PO Box 700
Harriston ON N0G 1Z0
- or fax to 519-338-3513