

Accessible Customer Service Feedback Form

Advanced Orthodynamics Inc. would like to thank you for taking the time to fill out our Accessible Customer Service feedback form. We are committed to removing the barriers which may impede the disabled community from accessing our goods and services. We will review your information and if it can be adopted without creating an undue hardship it will be acted on at the earliest opportunity.

Name: _____ Date: _____

Phone: _____ Email: _____

How did you find the customer service provided to you today?

Very good Good Average Below average Poor

Comments:

How was your experience with the accessibility of our facilities?

Very good Good Average Below average Poor

Comments:

Did you have any communication issues?

Yes No

If so, how could they be improved: