

## 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. The Management and staff at Advanced Orthodynamics 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: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of visit: \_\_\_\_\_

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 and if so how could they be improved;

- Yes     No

Comments: