

Customer/Visitor Accessibility Feedback Form

Thank you for visiting PaperWorks. We appreciate your feedback to ensure that we make future visits for yourself and other customers the best experience possible. Please complete this form in full and return it to reception or email it to: christine.young@paperwrks.com

Name: _____

Date of Visit: _____ Time of Visit: _____AM PM (circle one)

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

- Yes No Somewhat

Comments:

What can PaperWorks do to make it easier for you to access our goods and services?

Did you find the feedback process offered by PaperWorks to be accessible?

What could PaperWorks do to make the feedback process more accessible?

Contact Information

I wish to be contacted regarding my feedback: Yes No

If yes, please complete the following relevant information:

Preferred method of contact:

Email Phone Mail

Mailing Information:

Address: _____ Apt/Unit #: _____ City: _____

Province/State: _____ Postal/Zip Code: _____

Home Phone: () _____ Bus. Phone: () _____

Mobile Phone: () _____

Email: _____