

Customer Feedback Form – Accessible Formats

Thank you for visiting the Canadian Partnership Against Cancer. We value our customers and strive to meet everyone's needs.

Please briefly tell us the date, time and nature of your visit.

Date and time of your visit: _____

Nature of your visit: _____

1. Did we respond to your customer service needs today?

Yes

No

Somewhat

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

Yes

No

Somewhat

Comments:

3. Did you have any problems accessing our products and services?

Yes (please explain)

No

Somewhat (please explain)

Comments:

4. Please add any other comments you may have.

Comments:

Contact Information (Optional)

Full name:

Phone number:

Email: