



Customer Accessibility Feedback Form.

We value all of our Members and guests and strive to meet everyone's needs. Please provide us with your feedback regarding customer accessibility.

Location visited: _____

Date and time of visit: _____

Did we respond to your customer services needs today? YES ☐. NO ☐.

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

YES ☐. SOMEWHAT ☐. NO *(please explain below)* ☐.

Did you have any problems accessing our goods and services?

YES *(please explain below)* ☐. SOMEWHAT *(please explain below)* ☐. NO ☐.

Please add any other comments you may have:

Contact information (optional).

Name: _____ **Telephone number:** _____.

Address: _____.