Crawford Packaging

Customer Service Feedback Form

This form may be requested in other formats if needed. We can provide this form in a larger print, send via email, or completed with assistance over the phone. Please let us know if there is another format that you must request.

We value all customer feedback and continuously strive to meet everyone's needs. To assist us in providing excellent customer service, please complete this form.

Date:_____ Time: _____

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

   ❑ Yes
   ❑ No

   Comments:

   _____

   _____

   _____

2. Did you have any problems accessing our goods and services?

   ❑ Yes
   ❑ No

   Comments:

   _____

   _____

   _____

Crawford Packaging

3. Please provide us with any additional comments or feedback that you may have.

_____

_____

_____

Customer Contact Information (Optional)

*Please complete if you wish to be contacted.

Name: _____

Preferred method of contact:

- ❑ Phone Number(s): _____
- ❑ Email Address: _____
- ❑ Mailing Address: _____

_____

Your completed form can be dropped off with

1. Reception, or
2. Via email aecker@crawfordpackaging.com Amanda Ecker, HR Manager, or
3. Mailed: Crawford Packaging
   Attention: Human Resources
   3036 Page Street
   London, ON
   N5V 4P2

Thank you for your feedback