

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:

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