

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	
1 Did we recoond to and me	ot vour ouctomor
1. Did we respond to and med service needs today?	et your customer
□ Yes	
□ No	
Comments:	

Time:

Locations

London Brampton Cambridge Mississauga Essex Mexico

Data:

Toll Free 1-800-265-4783

Enhancing your business performance.

2. Did you have any problems accessing our good and services?YesNo		
□ No		
	□Yes	
	□No	
Comments:	Comment	s:

Locations

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Toll Free

Web

1-800-265-4783

crawfordpackaging.com



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:

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Your completed form can be dropped off:

- 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

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