



## 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: \_\_\_\_\_