



Customer Service Feedback Form

Adlib values all of our customers and strives to meet the diverse needs of our client base.

We have reviewed our policies and practices with respect to the delivery of our services to ensure they are accessible by persons with disabilities. If you have a disability and had some difficulty accessing our services or if you have improvements to suggest, kindly complete this questionnaire.

Please tell us the date and location, if applicable, of the service:

Date: _____ Location (if applicable): _____

1. Were you satisfied with the level of service we provided you?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

2. Were our services provided to you in an accessible manner?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

3. Did you experience any problems accessing our services?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

May we contact you to follow up and report on any action we have taken as a result of your feedback?

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____

Thank you for your feedback.

Human Resources, (905) 631-2875 or hr@adlibsoftware.com