

## Customer Feedback Form – Accessible Formats

*Thank you for visiting the Canadian Partnership Against Cancer. We value our customers and strive to meet everyone's needs.*

Please briefly tell us the date, time and nature of your visit.

**Date and time of your visit:** \_\_\_\_\_

**Nature of your visit:** \_\_\_\_\_

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

Yes

No

Somewhat

**2. Was our customer service provided to you in an accessible manner?**

Yes

No

Somewhat

**Comments:**

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**3. Did you have any problems accessing our products and services?**

Yes (please explain)

No

Somewhat (please explain)

**Comments:**

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**4. Please add any other comments you may have.**

**Comments:**

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### Contact Information (Optional)

Full name:

Phone number:

Email: