



## Customer Service Feedback Form

Thank you for visiting AOC! We value all of our customers/visitors and strive to meet everyone's needs.

Please tell us the date of your visit:

Date: \_\_\_\_\_ Location: Guelph, ON

### 1. Were you satisfied with the customer service we provided you?

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

Comments

---

---

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

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

Comments

---

---

### 3. Did you experience any problems accessing our goods and services?

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

Comments

---

---

---

Contact Information

Name: Gerry Walsh

Phone Number: 519-823-4333

Email: [gwalsh@aoc-resins.com](mailto:gwalsh@aoc-resins.com)

Thank you,  
Management